

## ASHGATE HOSPICE

### Equality Diversity and Inclusion Policy

#### 1. Introduction

The aim of this policy is to ensure that we are a fair, inclusive and accessible organisation. We want everyone who engages with us to be able to be themselves and be seen, heard and respected. In particular those people who are from under-served and under-represented groups or communities.

We commit to following the Equality Act, 2010. This protects people from discrimination and unfair treatment and promotes a fair and more equal society.

#### 2. Policy Statement

Inequality is a long-standing issue in society, which is deeply rooted in the health and social care system. This means that not everyone has equal access to hospice care. Inequality is a complex and challenging issue. Addressing it requires a robust and comprehensive approach. A commitment to equality, diversity, and inclusion (EDI) is important across every area of the hospice. This includes patient care, fundraising, retail, finance and estates and people, engagement, and performance.

Our culture is made in our day-to-day interactions and creating the right environment is a responsibility we all share. Developing this culture requires ongoing commitment and nurturing. We live in a world where areas of difference (gender, sexual orientation, ethnicity, or others) often result in unfair treatment, challenges and barriers. This unfair treatment may not be faced by others without those characteristics.

We are taking action to become a more fair, diverse and inclusive organisation. This is reflected in our values: We are compassionate. We work as a team. We are respectful, open and inclusive.

This policy outlines our commitment to equality, diversity and inclusion. It sets out how we put this commitment into practice. It explains the behaviours we expect of our people in support of this. We have agreed the following definition of Equality Diversity and Inclusion (EDI):

- **Equality** means actively ensuring everybody is treated with dignity and respect. It is removing barriers and challenging discrimination so that everyone can achieve their potential.

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Responsibility: EDI Lead

Distribution: All employees, In-patient Unit, Day Hospice, Administration, Support Services, Community, Social Work, Therapists and Retail.

Care Quality Commission: This policy contributes to the 5 Key Lines of Inquiry and demonstrates that the service is safe, effective, caring, responsive and well led.

- **Diversity** is about recognising and celebrating differences in values, abilities, or points of view. Ensuring we are an organisation that welcomes and values everyone in our community.
- **Inclusion** means making sure everyone here feels they belong and has a voice and equal opportunities. This may mean making 'reasonable adjustments' so people can take part.

### 3. Scope

This policy applies to anyone working or volunteering for or acting on behalf of us. This includes employees, volunteers, trustees, workers, contractors, interns, and apprentices. The policy also relates to job applicants and is relevant to all stages of the employment or contracting relationship.

### 4. Commitments and Accreditations

We have developed the following commitments to make sure our care and services are fair and inclusive.

- Identify and remove barriers so that everyone who needs us in our local community can access our services.
- Offer care that is flexible, creative and person centred.
- Encourage and nurture diversity in our workforce, our volunteers, and our supporters, ensuring we reflect the community we serve.

We recognise the need for consultation and co-production with subject experts, including those with lived experience. We are working with other organisations and using their frameworks and accreditation schemes. Managers and employees must put these in place in their areas of work.

- **Derbyshire LGBT+: Rainbow Accreditation Scheme:** develop and improve our LGBT+ inclusive working practices and services.
- **Disability Confident Employer:** aims to attract, recruit and keep disabled people within our workforce, so we can enjoy their skills and talents.
- **Centre for Ageing Better: Age Friendly Employer Pledge:** a nationwide initiative for employers who recognise the importance and value of older workers and are committed to improving work for people in their 50s and 60s and beyond.

### 5. Statutory and Regulatory Requirements

- **Equality Act 2010**

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As a provider of public services, Ashgate Hospice must follow the Equality Act 2010.

This legally protects people who have the following 'protected characteristics' from discrimination, harassment, and victimisation.

- age
- disability
- gender
- gender identity or gender reassignment status
- marital or civil partnership status
- pregnancy and maternity
- race
- religion or belief
- sexual orientation

There are other characteristics, such as socio-economic or carer status, that are not recognised by law, but are vital to include in our EDI work.

These characteristics can overlap, or cross over, and increase the discrimination someone faces. For example, a Black woman may face both racial and sex discrimination. This is called 'intersectionality'. We must consider the impact of intersectionality when developing new policies, projects, and services.

For more information on types of discrimination and protected characteristics see appendix 1 and refer to our Harassment and Bullying policy (C17) and our Code of Behaviour (C21).

- **Public Sector Equality Duty**

S.149 of the Equality Act, 2010 (the public sector equality duty) requires organisations to have due regard for the need to:

- eliminate unlawful discrimination
- advance equality of opportunity between people who share a protected characteristic and those who don't
- foster or encourage good relations between people who share a protected characteristic and those who don't.

- **Gender Pay Gap reporting**

Although this is no longer a legal requirement, Ashgate continues to produce an [annual gender pay gap report](#). The report provides valuable information which informs our policies and working practices.

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## **6. How EDI is put into practice at Ashgate**

We employ an Equality Diversity and Inclusion Lead who oversees the development and delivery of our EDI priorities and key activities. There is also an EDI Advisory group formed of staff from across the organisation who contribute ideas and provide feedback on the EDI work taking place. They also act as informal EDI 'champions'.

The EDI Oversight Group is responsible for providing the Board of Trustees with assurance on agreed EDI objectives as we work to embed an equality, diversity and inclusion approach across the organisation.

- **Strategy and Workplans**

Every directorate and service is responsible for ensuring that EDI is embedded in their long-term strategic plans and workplans. Managers are responsible for developing and implementing good EDI practices in line with this policy, with support from the EDI Lead.

- **Equality Impact Assessments (EIAs)**

EIAs are an effective way of evaluating the equality impact of a policy, service development, major project or event. All new policies and projects need an EIA. For larger projects, service developments or events, we must consult with under-served groups (see M1 Policy for Policies). Managers should ensure EIAs are used by their teams and seek guidance from the EDI Lead as required.

We commit to improving resources and support in this area so that staff can carry out meaningful and high quality EIAs.

- **Training**

Training is essential in developing an understanding of EDI and improving practice. Employees need to complete the mandatory EDI training to be 'on track'. They are encouraged to attend other training events relevant to their role, and this should be supported by their managers.

- **Data Monitoring and Analysis**

We collect data on both the workforce (including volunteers) and patients. We analyse this data to measure progress against our aim to reflect the community we serve.

Staff and volunteers should assist the organisation to improve its diversity monitoring so that we can support our workforce, patient group and local community.

- **Using inclusive language**

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The language we use in the workplace affects everyone. Using inclusive language is a key factor in [creating a fair and inclusive culture](#). <sup>[OBJ]</sup> It is essential to ensure everyone feels safe, respected and valued at work.

It can be challenging to stay up-to-date with terms and language. We will provide resources to ensure our workforce is informed, and that staff and volunteers have a responsibility to access these. If we make a mistake, we apologise, correct ourselves and move on.

If we notice other people using outdated or inappropriate language, it is a learning opportunity to make sure the person understands the mistake and knows to use different language in the future. If offensive or discriminatory language is used or there is a persistent issue, please refer to the Harassment and Bullying policy (C2).

As an organisation we should also use plain, clear language and avoid jargon and terms that are not widely understood. For more information on inclusive language see appendix 2 [visit the EDI hub](#).

## **7. Governance**

EDI issues and initiatives are discussed at the EDI Advisory Group, which is open to all employees and volunteers. Matters arising are reported to the EDI Oversight Group which reports into the Board of Trustees.

## **8. Learning from issues and complaints**

Issues around EDI can be sensitive and complex. An open and compassionate culture allows honest discussion and reflection when difficult issues arise.

There are resources to support reflection, learning and development. This includes those offered by our Learning and Organisational Development team, as well as Wellbeing, Reflective Practice, and EDI staff members.

If an issue cannot be resolved through these channels, or you feel unable to speak to your immediate colleagues or manager, then other relevant guidance and processes can be followed:

- [Grievance policy](#)
- [Harassment and Bullying Policy \(C2\)](#)
- [Freedom to Speak Up \(C7\)](#) and [Responding to disadvantageous or demeaning treatment as a result of speaking Up](#)

## **9. Accessibility**

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If you would like support accessing or sharing the information in this policy, please speak to your manager, Learning and Organisational Development or the EDI Lead.

### **Related policies and guidance**

- [Recruitment Procedure \(C9\)](#)
- [Employee Handbook \(C8\)](#) (flexible working, parental and carers leave)
- [Managing Attendance \(C17\)](#) (reasonable adjustments)
- [Harassment and Bullying \(C2\)](#)
- [Code of Behaviour \(C21\)](#)
- [Menopause Policy](#)

### **10. Useful Resources and Links**

- [EDI Hub](#)
- [Menopause Hub](#)
- [Equality and Human Rights Commission](#)

### **11. Equality Impact Statement**

All policies are screened to ascertain whether they have any potential or actual negative affect on people with protected characteristics, or other groups of people who are socially excluded or disadvantaged (for example people from socio-economically deprived areas).

This policy has been equality impact assessed and found to be low risk. However, when applying the policy, we may need to think about the potential for conflicting or competing needs between different groups or individuals with protected characteristics. A solution or compromise should be found which is inclusive and respectful of everyone concerned.

### **Appendices**

1. Definitions of Discrimination & Protected Characteristics
2. EDI Action Plan
3. Inclusive language and terminology

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## Appendix 1 - Definitions of Discrimination and Protected Characteristics

### a) Equality Act 2010: Nine Protected Characteristics



### b) Different types of discrimination under the Equality Act 2010

**Direct discrimination:** Treating someone less favourably because of a protected characteristic compared with someone who does not have that characteristic (for example choosing not to recruit someone because they are from a minority ethnic background and you think they "wouldn't fit in" to the team).

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**Indirect discrimination:** Where a policy, procedure or way of working that applies to everyone puts people with a particular protected characteristic at a disadvantage, compared with people who do not have that characteristic, unless there is a good reason to justify it. An example is a need for all staff to finish work at 6pm. It is arguable that female employees, who bear the larger share of childcare responsibilities could be at a disadvantage if the new working hours prevent them from collecting their children from school or nursery.

**Associative discrimination:** Treating someone less favourably because they are associated with someone who has a protected characteristic, for example because their partner is transgender or their child is disabled.

**Discrimination by perception:** Treating someone less favourably because you perceive them to have a protected characteristic even if they do not, for example choosing not to promote someone because you perceive them to be gay.

**Discrimination arising from disability:** Treating someone unfavourably because of something connected with that person's disability and where such treatment is not justified. Examples include dismissing someone because of their disability-related absence.

**Failing to make reasonable adjustments:** Employers are legally obliged to make reasonable adjustments to ensure that aspects of employment, or the employer's premises, do not put a disabled person at a large disadvantage. Failing to follow this duty is unlawful. Examples of reasonable adjustments might include flexible working arrangements or amending a person's job role if appropriate.

[For more information visit Equality and Human Rights Commission website.](#)

[Source: Xpert HR](#)

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## Appendix 2 – Inclusive Language

Language matters and its misuse can cause offence and distress. Language has the power to acknowledge and deny an individual's gender identity. Using the right words and language is essential to show respect and create a space for conversation and learning.

It is also important to keep language plain, clear and avoid jargon. See the [NHS Health-Literacy-Toolkit](#).

For more information visit Using Inclusive Language on the EDI Hub

### Overview of common terms and language.

Everyone is different and what is acceptable for one person may not be to another. It is important to find out, or ask someone, about the language they use to describe themselves. Use this language when talking to them, or talking about them to other people.

**a) Gender Identity and diversity** (see [LGBT+ page on the EDI Hub](#) for more information).

- LGBT+ = Lesbian, Gay, Bisexual, Trans, the “+” stands for all the other identities not included in LGBT.
- You may also see LGBTQ+ where Q stands for Queer or Questioning
- The term ‘queer’ can be used by people who want to reject specific labels of romantic orientation, sexual orientation and/or gender identity. However, it has a complicated history.

It was used as a slur and an insult against LGBT+ people and some people feel very uncomfortable and/or don't wish it to be used. Other LGBT+ people have reclaimed and embraced the word. The important thing is to listen out for the words the person you are working with uses to describe themselves and follow their lead.

<b>Cis-gender</b>	A term used to describe someone whose gender identity is the same as the sex they were assigned at birth.
<b>Non-binary:</b>	A term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them.
<b>Gender Queer</b> ( <i>similar to Gender non-conforming and Gender fluid</i> )	Having a gender identity that is not male or female, or experiencing and showing your gender in a way that is different from the way society expects.

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<b>Trans:</b>	A term for people whose gender identity and/or expression is different from the sex they were assigned at birth. Note: a person does not need to have undergone surgery or other medical interventions to identify as trans.
<b>A trans man</b>	A person who was assigned female at birth but identifies and lives as a man.
<b>A trans woman</b>	A person who was assigned male at birth but identifies and lives as a woman.
<b>Gender or gender identity</b>	Describes a person's sense of their gender. For example, they may identify as female or male, as having no gender, or as non-binary.  A person's gender identity may not correspond with the sex that they were assigned at birth. Gender is increasingly recognised not as a binary concept, but on a spectrum.
<b>Misgendering</b>	Referring to a person in a way that doesn't match their gender identity (whether you mean to do this, or it is an accident/mistake). e.g. referring to a trans man 'she' or 'her' or a non-binary person who uses they/them pronouns as 'she' or 'he'.
<b>Deadnaming</b>	Referring to a person by the name they used before they transitioned. Using a name they no longer use or want to be known by.

## b) Sexual Orientation

<b>Gay</b>	Refers to a man who has a romantic and/or sexual orientation towards men. Also a general term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian.
<b>Lesbian</b>	Refers to a woman who has a romantic and/or sexual orientation towards women
<b>Bi Bisexual</b>	umbrella term used to describe a romantic and/or sexual orientation towards more than one gender.
<b>Asexual</b>	A person who does not experience sexual attraction. Some asexual people experience romantic attraction, while others do not.

[Source: Stonewall website 2023](#)

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### c) Disability words and definitions

You can find the full [Ashgate Hospice - talking about disability guide on the EDI Hub](#).

Say	Don't say
Wheelchair user	Wheelchair bound
Non-disabled	Able-bodied
Learning disabled	mentally handicapped, retarded, slow
deaf or Deaf, user of British Sign Language (BSL), person with a hearing impairment.	deaf and dumb; deaf mute
people with visual impairments; blind people; blind and partially sighted people	'the blind'
Some people are happy with the term 'dwarf and dwarfism' others are not. Little person/people Person of short stature Person of restricted height	Midget

Source: [Inclusive language \(disability\)- GOV.UK.pdf](#)

### Mental Health

Say	Don't say
A person living with schizophrenia/ bipolar disorder Someone with depression Someone experiencing psychosis Someone who self-harms  People tend to prefer terms where they're seen firstly as a person rather than a set of symptoms or an illness.	Describe a person as a diagnosis or behaviour: 'a manic-depressive', 'a schizophrenic', 'a psychotic', 'a self-harmer'.
Lives with... Has...	Suffers from, victim of This implies that someone's life experience is always negative, painful and hopeless – or that they deserve pity.

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Someone with mental ill-health Someone who experiences mental health problems.	Mentally ill This is an old-fashioned term and not precise – you wouldn't usually say that a person was physically ill.
Died by suicide Took their own life Attempted suicide.	Committed suicide The word 'commit' suggests suicide is a crime or a sin.

[Source: Talking about Mental Health \(The Mental Health Foundation, 2023\)](#)

## Race and Ethnicity

- **BAME (Black Asian and Minority Ethnic) and BME (Black and Minority Ethnic)** as a term is criticised for grouping together diverse ethnicities. It can imply that all these people share the same identity and can as such be treated the same. But many organisations, and some ethnic minority people are still using BME or BAME themselves. See information and resources slide for more information.
- **Ethnic minority or minoritised ethnic group** is currently an acceptable term to use.
- **Black people, brown people** is also used by some individuals and groups.
- **People of colour** is a term used widely in the USA and becoming more popular here. Some people see it as more positive than BAME, but others see it as similarly problematic, in that it groups together people of great ethnic diversity and different shared experiences and identities.
- **People with a mixed ethnic background** can be used to describe people from more than one ethnic background.
- **Never use the term 'coloured' people.** This is highly offensive racial slur because it stems from a time when casual racism was a part of everyday life and in some countries, such as the USA, there was racial segregation. "[It] was used to describe anybody who was not white, which may imply that to be white is 'normal' or default," says the charity Show Racism the Red Card. [Read more here.](#)

[Source: How to talk about race in the workplace \(CIPD, 2023\)](#)

[Source: Office for National Statistics Guide on writing about race and ethnicity](#)

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