Briefing Paper

Improving VHS's approach to equality, diversity and inclusion

A Kitchen Table Discussion Paper

February 2022

Introduction

1. The Covid-19 pandemic has exacerbated and shone a further light on the scope and scale of inequities in society, in people's health and in healthcare outcomes. Inequality and exclusion are bad for people's health. The unjust impacts on health of disadvantage and discrimination are well documented.
2. Tackling health inequalities is fundamental to VHS's purpose. The development of our new **three year strategy** (2022-25) has re-emphasised to us the importance of pro-active and effective collaboration and action to help improve equality, diversity and inclusion. This needs to be focused on our own work and also help contribute to improvement, delivery and learning across our stakeholders, including member organisations, healthcare providers and health policy makers.
3. As Scotland's national intermediary and network for the voluntary health sector we need to demonstrate clear leadership, positive values and effective action in equality, diversity and inclusion. However, we recognise that we have a lot more work to do to fully understand and deal with these issues.
4. Collaboration with and learning from our stakeholders will be crucial, starting with the two **Kitchen Tables** discussion planned for March and April 2022. Our stakeholders include our staff and Board, our members (organisations and individual associates), our funders and regulators, and the wider health and care sector.

Challenges that VHS faces

5. We have a strong reputation as an organisation that focuses strongly on health inequalities and that works collaboratively and pro-actively with a wide range of external stakeholders. We strive to take a holistic and intersectional approach that goes beyond the protected characteristics set out in the Equality Act. For example, we believe it important to take account of characteristics such as socio-economic factors or caring responsibilities. However, our understanding and application of the Equality Act is not as strong as it could be, and we do not have an EDI strategy.
6. **Six challenges** that we have identified already include:
    - How can we make sure that diversity is better reflected in and through our **governance and leadership**?
    - Do we have the necessary **policies** to promote the principles and legal requirements of equality, diversity and fairness?
    - How do we strengthen our practice of equality, diversity and fairness in our recruitment, selection, training and development of **staff**?

- How do we strengthen our **membership** base to include more voluntary health organisations working in the areas of equality, diversity and inclusion?
- How can we strengthen the **delivery** of our policy and engagement work - actively identifying and reducing discrimination, and respecting diversity and cultural differences?
- What more can we do to promote the equality, diversity and inclusion through our external **communications**?

Language and legislation

7. We recognise that **identity** is a very personal thing for individuals and that language used to describe characteristics and identities is evolving and changing. We know that people can be uncertain about which language to use or what certain terms mean. We know it is important to try to get it right, because the language we use can impact on other people. We also recognise that people may not be completely familiar with relevant legislation and frameworks. Below we summarise what we mean by some of the key words and frameworks we talk about in this paper.
8. **Diversity** is about recognising, respecting and valuing everyone as an individual. It is about acknowledging the unique and different perspectives that people have, and the added value they bring.
9. **Equality** is about making sure that people (or groups of people) are not treated less favourably because of their protected characteristic. Equality is also about everyone having an equal opportunity to make the most of their potential. That may mean treating people in ways that reflect their individual needs and characteristics, and not assuming everyone should be treated the same. Equality is often used in relation to the provisions of the Equality Act 2010.
10. **Discrimination**: in ordinary English 'to discriminate' simply means to make a distinction, and we may discriminate each time we make a decision. However, to say 'discriminate against' usually means doing something unfair to someone or acting with prejudice against them. **The Equality Act 2010** legally protects people from unlawful discrimination in the workplace and in wider society. There are also certain circumstances when certain forms of discrimination are lawful under the Act. The specified situations/places where people are protected include the workplace, when using public services and as a member of an association. The Act explicitly states that it is against the law to treat any person unfairly or less favourably than someone else because of a personal characteristic and specifies nine **protected characteristics**:
    - Age
    - Disability
    - Gender reassignment
    - Marriage and civil partnership
    - Pregnancy and maternity
    - Race
    - Religion or belief (including no religion)
    - Sex
    - Sexual orientation

11. We recognise that terms **like Black, Asian and Minority Ethnic (BAME)** and **LGBTI** and their variations have limitations and are subject to ongoing debates. We recognise that such terminology should not assume a singular group or identity. We want to learn from others about appropriate and inclusive language, particularly in relation to race, ethnicity, religion, gender reassignment, sex, sexual orientation, age and disability. While these characteristics are taken from the Equality Act, we recognise they themselves have limitations.
12. We want to improve our **cultural competence** or cultural sensitivity, by which we mean we are eager to learn about the cultural practices of others and we want to embrace, respect and value those differences.
13. **Inclusion** is about ensuring everyone feels welcomed, valued and respected. It means creating a culture where there is a feeling of security, support and acceptance for everyone so that we can develop positive relationships with others. As an organisation committed to tackling health inequalities, for VHS inclusion also means being pro-active about those individuals and population groups who are under-served in healthcare, missing in healthcare, and/or whose voices and lived experience are overlooked or ignored.
14. We recognise the need to incorporate an understanding of **intersectionality** into our work. By intersectionality we mean recognising that human beings are complex, with multiple identities and issues which often overlap. For example, an older person who is gay and has a long-term condition may experience different kinds of inequalities, exclusion and/or discrimination.
15. Preventing, mitigating and reducing **health inequalities** is core to our mission, so it is important we are clear about what we mean by the term. Health inequalities are strongly associated with poverty and disadvantage, but may also be due to other kinds of inequalities, including discrimination. The existence of health inequalities in Scotland means that the right of everyone to the highest attainable standard of physical and mental health is not being enjoyed equally across the population.
16. We routinely use the definition of **health inequalities** provided by Public Health Scotland:

    > *Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups… Health inequalities go against the principles of social justice because they are avoidable. They do not occur randomly or by chance. They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier lives.*

17. We also welcome our membership's much simpler description of someone affected by health inequalities: "You get sick sooner and more often, and you die younger".
18. Health inequalities are sometimes also called **health inequities.** The World Health Organisation describes health inequities as *"the systematic differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies".*
19. The **right to health** is internationally recognised as a fundamental **human right.** In 1946, the World Health Organisation stated in its constitution that *"the enjoyment of the highest attainable standard of health is one of the fundamental*

rights of every human being without distinction of race, religion, political belief, economic or social condition." This right was also included in the 1948 Universal Declaration of Human Rights and in the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR).The UK is a signatory to the ICESCR which means the UK is bound, in international law, to protect the right to health.

20. For VHS, Public Health Scotland's definition of the **right to health** is additionally useful:

> *The right to health is a fundamental human right. It means the right of everyone to the highest attainable standard of physical and mental health. For this to happen, services and systems that help us to live long healthy lives should be:*
>
> - ***a**ccessible*
> - ***a**vailable*
> - ***a**ppropriate*
> - *high **q**uality*
>
> *This is the **Triple AAAQ Framework** and these are standards that public health should aim to deliver if we are to create the fairer healthier Scotland we all need and want. The right to health is an inclusive right. This means that it is not just the health service that should meet these standards, all of the things that influence our health (the social determinants of health) should be accessible, available, appropriate and high quality if we are to have a healthier Scotland.*

Next steps – the Kitchen Table discussions

20. To recap: we know we need to do more work to fully understand what equality, diversity and inclusion should mean for VHS strategically and operationally. As a **membership organisation and intermediary**, we have a responsibility and a moral duty to demonstrate leadership and good practice.
21. We are a small charity, with a staff base equivalent to four full-time employees and limited financial resources. It is not our intention to be complacent about the scope for improvement, but we recognise that we cannot improve everything at once, and that we need both criticism and support from our external stakeholders, to help us take the necessary next steps. We may be a small resource, but we have a strong reputation for punching above our weight, and our strength is in our membership and wider networks.
22. As our website says, VHS is characterised by having 'one goal, many voices, unlimited potential'. By bringing 'many voices' together we are confident that the two Kitchen Table discussions (scheduled for 22nd March in Edinburgh and 6th April online) will help strengthen VHS's potential to reach the goal of delivering equality, improving diversity and fostering inclusion. In holding these discussions, we hope that participants will themselves benefit, through gaining new learning or connections or identifying scope for improvement in their own work.