



Children's Hospices Across Scotland

Our Equality, Diversity and Inclusion Strategy

2019 - 2024



1. Introduction

The CHAS Plan sets out our statement of strategic intent, namely that:

“We make sure children have the opportunity for experiences they cannot have elsewhere, to feel the **wind** and **sunshine** on their faces, to **sparkle**, to **laugh**, to **smile** and to have those **memorable moments** of **joy** – moments that will be treasured forever.”

This aspiration is in respect of all children and families who can benefit from our care, not just some of them. Our equality, diversity and inclusion (EDI) strategy will help us achieve that. It will also support our staff, volunteers, and supporters experience the best from CHAS.

Equality

For us, ‘equality’ is the absence of an unjust social and workplace hierarchy, such as those based on age, disability, race or ethnicity, gender, sexual orientation, or religion and belief.

Diversity

For us, ‘diversity’ is the presence of different cultural traditions and identifiers. It is relevant for everyone. It includes our visible differences such as gender, race and ethnicity and visible disabilities. But it also includes our non-visible differences such as sexual orientation, social class, heritage, religion, unseen disabilities, different perspectives and thought processes, education, family status and age.

Inclusion

For us, ‘inclusion’ is valuing and celebrating differences and encouraging a culture where all can thrive and achieve their potential. This results in a positive culture and environment, where people are welcomed regardless of their background or protected characteristics.

Because of the complex social forces which cause some groups of people to be disadvantaged, our EDI strategy goes beyond setting an aspiration that we will treat people equally. In some cases, and in order to redress past imbalances and unjust experiences, CHAS will champion positive action to remove barriers and promote equality, diversity and inclusion amongst children, families, employees, volunteers, and supporters.

2. Our values

The CHAS Values underpin everything we do and guide this EDI strategy.

Through our values and positive behaviours, we aim to create a shared understanding that builds strong and effective working relationships. This will help us realise our ambition to keep the joy alive and to reach out to all families that need our help. By nurturing these values in everything we do for CHAS, we will be able to create an environment where our motivation, commitment and job satisfaction will thrive.

As individuals, our core values can influence our behaviour and actions in everything we do so that:

- we **care** for one another, showing empathy and understanding
- we **respect** everyone's unique role and contribution
- we are **honest** in how we communicate
- we are **accountable** to one another for the decisions we make and the actions we take.

Together we will succeed - through our bold and courageous leadership at all levels, our collaborative and inclusive teamwork and our commitment to quality and continuous improvement. Whatever we do, we want to do it well – embracing and celebrating people's backgrounds.

3. Our statement of strategic intent

In delivering our high-quality work, CHAS is determined to create places and services where there is equality amongst people, where diversity is championed, and where inclusion is a central part of what we do. We want our employees and volunteers to be confident and empowered, and we are committed to eliminating barriers which do or might prevent people from accessing our services. Our ambition is that:

- All **children and families** who come into contact with us in any way will feel valued and respected. We will increase our understanding of the barriers that prevent people accessing paediatric palliative care and, where we can, dismantle them in a way that lasts.
- We create the positive culture that enables our **people** to thrive and makes CHAS the best place to work and volunteer, with positive action to encourage people to reach their potential.

- Our **donors and supporters** will come from every community in Scotland, will see themselves reflected in the work of CHAS, and will see the impact they have on people from a wide variety of backgrounds.

We will achieve this strategic intent in a structured way, across all areas of CHAS activity. By creating an inclusive culture, our EDI strategy and activities will impact positively on people with every protected characteristic, those with more than one, and those with none.¹ We believe we can have the greatest impact in respect of age, disability, race, pregnancy and maternity, and sexual orientation.

Whilst not currently a protected characteristic, we support a number of care-experienced parents and children who are in care, and will continue to do so.

4. Why is EDI important?

EDI is not a “nice to do” set of activities. It is a way of thinking which we aim to embed in all of our work.

The business case

Mainstreaming EDI principles and practices is good for the quality of care we provide. It supports us to:

- reach more families and children
- ensure children and families from diverse backgrounds experience care and support that works for them
- recruit employees from the widest possible pool, bringing different perspectives, experiences and values now and in the future
- grow and diversify our pool of volunteers and donors
- maintain our strong brand and reputation across many communities
- maximise and retain a wide variety of knowledge, experience and expertise, promoting diversity of thought
- have committed and motivated employees who feel fairly treated and respected, and are able to achieve their potential
- align with key public policies, like the Scottish Government’s new national volunteering framework, and Getting It Right for Every Child.

Many prospective applicants now specifically seek out employment in organisations with strong values, so our EDI work should help us attract new talent and fresh perspectives.

¹ The Equality Act (2010) establishes that it is against the law to discriminate against someone because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. These are called ‘protected characteristics’.

The moral case

CHAS believes that it is important to value everyone and to be fair and respectful. This is relevant for our people, the families and children we support, and the donors and supporters who make that possible. Compassion is a core component of paediatric palliative care. We also know it is important to pay heed to the Health and Social Care Standards, which set out what people should experience from services. These include:

- I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.
- My human rights are protected and promoted and I experience no discrimination.
- My human rights are central to the organisations that support and care for me.
- The organisations that support and care for me help tackle health and social inequalities.

As the national provider of children's hospice care in Scotland, we have a responsibility to ensure our services are open, accessible and culturally competent for all.

CHAS has an international perspective too, and so we recognise the importance of global policy. The UN Sustainable Development Goals is a wide-ranging plan of action to improve human lives and the environment and several of the goals relate directly to equality, diversity and inclusion. We also recognise the UN Convention on the Rights of the Child. The Convention sets out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how everyone must work together to make sure all children can enjoy all those rights.

The legal case

There are specific legal and regulatory requirements placed on CHAS that mean we must act in certain ways. For example, the Equality Act 2010 and its regulations set out clearly how we must not discriminate in our employment and service provision. However, we strive to go further than the legal minimum in order to create an inclusive culture where diversity is celebrated.

5. What do we know now?

Children and families

We collect information about the children who use CHAS services, and we can compare this to national data about children with life-limiting conditions.

For example, we know that 45% of children in Scotland with life-shortening conditions are girls, but only 41% of the children we support are girls. We know that children born into poverty are more likely to have a life-shortening condition. At the moment, the profile of families we support broadly matches the socio-economic distribution of families of children with life-shortening conditions, but not exactly. We wish to do more to support families from the poorest 40% of households.

We try to collect information about the ethnicity of the children and families we support, and this is an area we will improve. Currently, between 89% and 92% of the children we support are white. Between 4-6% have a South Asian background; between 3-5% are from a Black, Chinese or other ethnic background. These figures are broadly in line with national prevalence data about the ethnicity of children with life-shortening conditions: prevalence of children with life shortening conditions is higher amongst families from a South Asian, Black of mixed background than amongst families from a white background.

Our volunteers and supporters

Of our volunteers, 4.75% consider themselves to be from non-white backgrounds with 2.5% preferring not to state their ethnicity. Just over 20% of volunteers are under 26 years old, and 2.5% identify as LGBT+ with 2.5% preferring not to state their sexual orientation. 4% of volunteers consider themselves to be disabled with 4.5% of volunteers preferring not to state their disability status.

In addition to recording overall equalities data for our volunteer force, we monitor demographics quarterly to understand trends, efficacy of targeted recruitment interventions and identify areas for improvement. From the total number of volunteers recruited since November 2017, 40% were aged 25 and under, 5% considered themselves to be non-white with 2% preferring not to state their ethnicity. 4% of the volunteers recruited since November 2017 identify as LGBT+ with 1% choosing 'other' and 1.5% preferring not to state their sexual orientation. This recent activity has followed targeted recruitment plans.

We now record data on the gender, ethnicity, age, disability and sexual orientation of our supporters. We know from our most recent Supporter Survey (2021) that our supporters are likely to be white women aged 60-69, but we know this doesn't represent our whole supporter base. We also know from the survey that 11% of our supporters consider themselves to have a

disability. Expanding our fundraising portfolio has begun to change this and as we move forward with our five-year fundraising strategy, we will seek to develop fundraising opportunities to suit all.

Our employees

From our last staff survey, we know that 90% of our employees are women, but the percentage of women in the highest-paid quartile is 81%. A similar profile is seen in other health and social care settings. Our median gender pay gap is less than 1% but our mean pay gap is 30%. Just over 1% of our employees consider themselves to be of South Asian or mixed ethnicity (although one fifth of employees do not wish to say). Not all employees described their sexual orientation, but from those that did, 2.5% described themselves as LGBT. We did not collect information about people who are trans or have undergone gender reassignment.

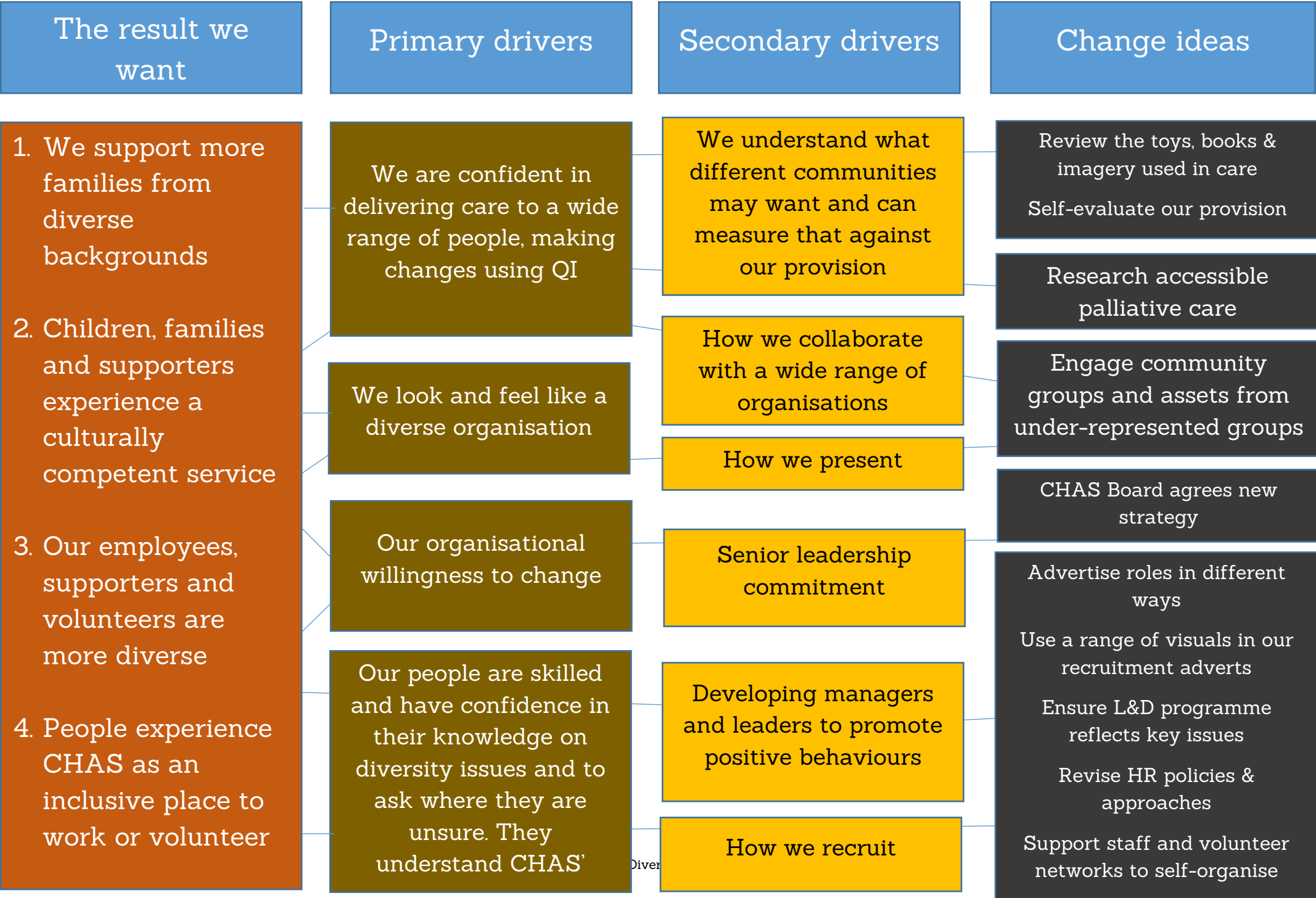
6. Our ambitions

For the period of 2019 – 2024, we have set four equality outcomes. This means that by 2024 we want to be able to say:

- The families we support come from a more diverse range of backgrounds, exceeding the figures we would expect based on national prevalence data in relation to poverty and ethnicity.
- Children, families and supporters experience a culturally competent service.
- Our employees, supporters and volunteers are more diverse, focusing in particular on sex, age, disability and race.
- People experience CHAS as an inclusive place to work or volunteer.

Our ambition to reach a greater proportion of families living in areas of multiple deprivation than the national prevalence data stems from a recognition that many of these families face significant challenges associated with poverty, housing and inequality, in addition to the challenges of having a child or children with a life-shortening condition.

In order to help us deliver those outcomes, we have developed a theory of change shown on the next page. Section 10 sets out how we will measure progress on meeting our equality outcomes.



7. Taking forward change ideas through a priority action plan

Equality outcome 1: so we support more families from diverse backgrounds, we will:

- Ensure our external communications portray a wide range of people from different backgrounds, including race, disability, children's ages, and same-sex parents.
- Ensure different written materials are used to target the range of people who could benefit from our care and support.
- Commission national datasets which help demonstrate the ethnicity and socio-economic background of families with life-shortening conditions.
- Improve employee confidence in collecting data about the ethnicity of the children we support.
- Through our research strategy, commission academic research on (a) developing accessible children's palliative care services for families from South Asian backgrounds and (b) filling gaps in community provision.
- Strengthen our links with community groups, organisations and assets in specific communities which are under-represented in CHAS services.
- Reflect on how we present ourselves and take appropriate action.

Equality outcome 2: so children, families and supporters experience a culturally competent service, we will:

- Work with people with lived experience of protected characteristics to undertake a detailed cultural self-evaluation of our services, including looking at books, toys, food, language, and imagery.
- Build our confidence in understanding and responding to cultural views on death, dying and bereavement.
- Further develop links with a wide range of religious and cultural organisations to provide even better practical support following the death of a child.
- Work to understand how best we can support families with complex social needs.
- Work with younger parents to understand how equipped we are to meet their particular needs and wishes, in hospices and the community.
- Improve how our drivers and care teams can best support families where English is not spoken.

- Work with children and young people to understand better their preferences about who will support them.
- Work with care experienced young people to understand how our language around families, homes and parents can be inclusive.
- Develop advice on making fundraising events accessible and inclusive in our fundraising packs.
- Ensure we address donors and supporters with inclusive language and neutral salutations unless we know their preference.

Equality outcome 3: so our employees, supporters and volunteers are more diverse, we will:

- Be open to flexible working arrangements and test new working patterns.
- Continue to shortlist candidates without the panel knowing applicants' name, race, age or disability.
- Ensure our approach to employee and volunteer recruitment challenges assumptions about age and socio-economic background.
- Make sure our job adverts are written in a gender-neutral language, with recruitment materials showcasing a wide range of people in ways which challenge gender stereotypes.
- Work towards formal recognition of CHAS as an inclusive employer, focusing initially on seeking established pregnancy, disability sexuality, and living wage charter marks.
- Improve how accessible our communications are, including online, captioning images, and audio on film.
- Reflect on how we attract a wide range of people from different social backgrounds to work or volunteer for CHAS.
- Make sure we are actively working to represent a diverse supporter base so more supporters see themselves reflected in the work that CHAS carries out.
- Train interviewers to be aware of unconscious bias and take steps to mitigate this as much as possible to make objective decisions.

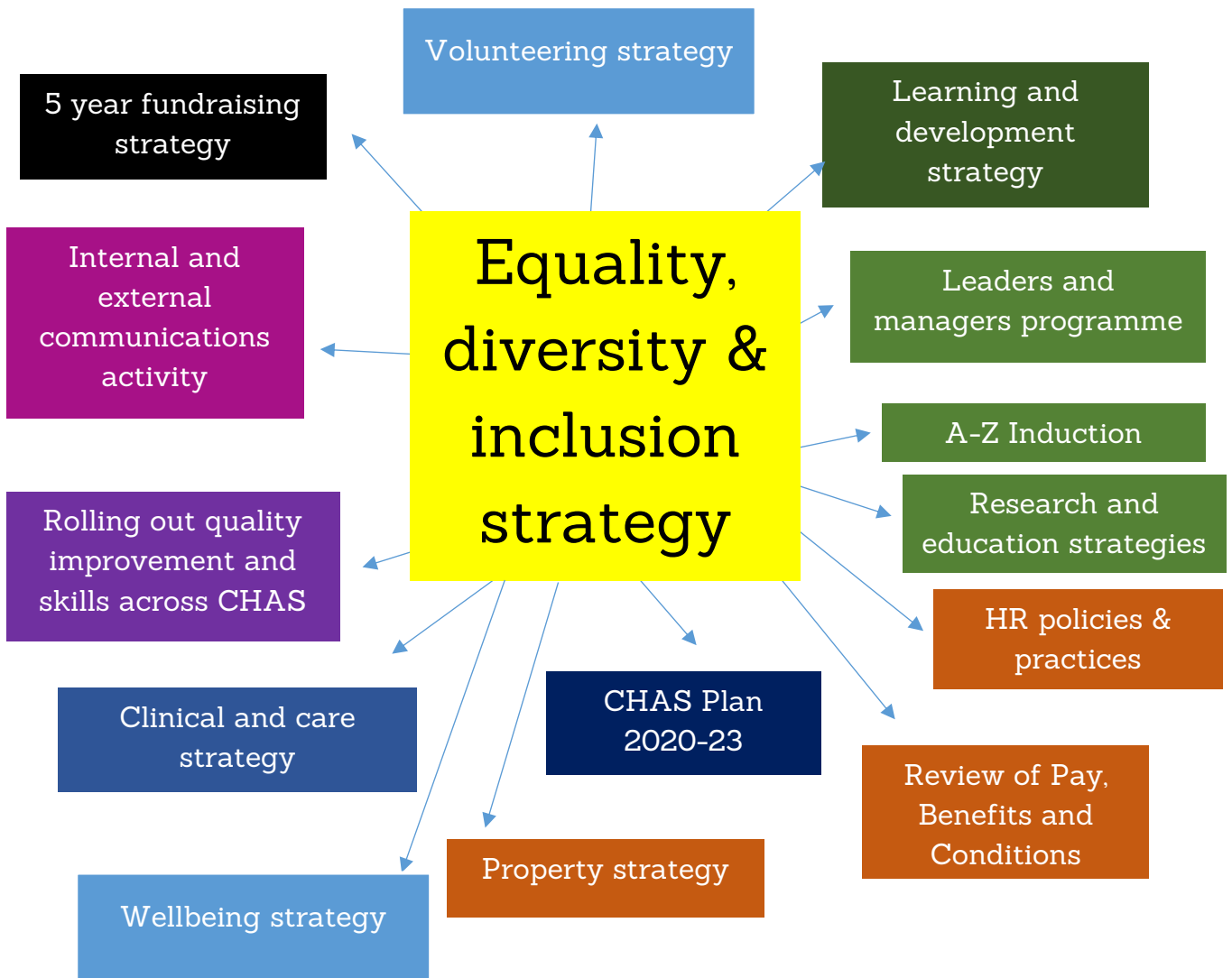
Equality outcome 4: so people experience CHAS as an inclusive place to work or volunteer, we will:

- Ensure our communications portray people from a wider range of ages, races, sexual orientations, social backgrounds, and disabilities in an empowering way.
- Through our leadership development programme, equip our leaders and managers to have a good understanding of equality, diversity and inclusion and to be confident in challenging inappropriate behaviour.

- Through our induction and learning, ensure we address equality issues meaningfully.
- Encourage people with a protected characteristic to self-organise, focusing initially on understanding whether and how we should facilitate a CHAS LGBT people network.
- Through our culture work, celebrate national equality and important faith days to provide a visible demonstration to people that we want to be inclusive.
- Through our property strategy, ensure our buildings are as accessible as possible and there is space for people from a wide range of faiths to worship.
- Through our leadership development programme, ensure we are confident in managing mental health in the workplace, including mental health first aid.
- Develop a pregnancy-friendly culture, extending into parenthood and including welcoming breast-feeding / expressing.
- Being actively aware and accommodating of people's religious observances, including in clothing and prayer times, and key dates for religious observance and celebration.
- Following our review of pay, benefit and conditions, take active measures to address our gender pay gap.
- Be mindful on how gendered language and language around gender can impact on people who have undergone gender reassignment.

8. Mainstreaming our work

This EDI strategy does not sit alone. We will ensure that, as we develop and implement CHAS strategies and plans, we will work to embed EDI work into them, including using equality impact assessments:



9. Who will help us

CHAS people are committed and dedicated to providing the best care and support that they can. Working in partnership with key organisations and people who are experts in equality and diversity will ensure our work is informed by best practice. We will:

- Work with volunteers with protected characteristics and other backgrounds to improve how we do all our work.
- Expand the network of equality organisations we collaborate with.
- Expand our parents' forum to hear the voice of more parents.
- Continue to grow our knowledge and understanding of our supporter base, so we can seek to further diversify it.
- Continue to hear the voice of children and young people and use their ideas and wishes to shape what we do.

During the course of this strategy, we will identify EDI champions from a range of CHAS teams to help progress this work, including a champion at the Senior Leadership Team and the Board.

10. Our measurement framework

This is how we will measure progress against each of our 4 equality outcomes:

Equality outcome	What we know now	Observable measure expected by 2024
<p>We support more families from diverse backgrounds, exceeding the figures we would expect based on national prevalence data</p>	<p>We support more boys than girls, compared to national prevalence data. The March 2019 baseline is that 41% of the babies, children and young people we support are girls, compared to a national figure of 45% in CHISP2.</p>	<p>The ratio of boys to girls we support is in line with national prevalence data.</p>
	<p>The percentage of families that we support from the most deprived two population quintiles is lower than the national prevalence data. The November 2018 baseline is that of the children we support, 44.4% are from the poorest 40% of households based on SIMD 2016 data. This compares to CHISP2 figures of 46.6% for all children with a life-shortening condition (or 48.2% of those in that group with a recent hospital contact).</p>	<p>The percentage of families that we support from the most deprived two population quintiles exceeds the national prevalence data, based on the Scottish Index of Multiple Deprivation</p>
	<p>Of the children we support, approximately 4% and 3% are from South Asian and Black backgrounds, respectively, although we need to improve how we collect this data, CHISP2 suggests that the national figures are 4% and 0.8% respectively.</p>	<p>The percentage of families from South Asian and Black backgrounds exceeds the percentage of children with life shortening conditions from these backgrounds, based on national prevalence data,</p>
<p>Children, families and supporters experience a culturally competent service</p>	<p>We do not currently collect data to help us understand our performance in this area, but will start to capture the views of children and families consistently after each episode of care. We aim to have established a baseline for children, families and supporters by 2021.</p>	<p>We expect to see over 95% of children and families tell us, when asked, that their experience was positive.</p> <p>We expect over 95% of supporters to tell us, when asked, that their experience of donating to CHAS was positive.</p>

<p>Employees and volunteers are more diverse, focusing in particular on sex, age, disability and race</p>	<p>In April 2019, 89.5% of our staff are women, and just over 1% describe their ethnicity as not being white. Women were slightly under-represented in more senior roles.</p> <p>We do not collect sufficiently robust information about disability for staff.</p> <p>Of our volunteers, 4.75% consider themselves to be from non-white backgrounds. Just over 20% of volunteers are under 26 years old, and 2.5% identify as LGBT+. 4% of volunteers consider themselves to be disabled. Our data shows us that whilst the families CHAS needs to reach derive from areas of multiple deprivation, our volunteers are more likely to come from more affluent areas.</p>	<p>We will review these measures once we have established a baseline.</p> <p>We have increased the number of men employed in roles where they are under-represented, specifically nursing and fundraising. We have increased the percentage of women in senior roles.</p> <p>The proportion of our staff from non-white backgrounds is in line with population estimates, with a stretch aim of exceeding this figure by 25%.</p> <p>We monitor the number of disabled employees and volunteers and evidence upward growth.</p> <p>We will see continual upwards improvements in the number of non-white, LGBT+ and disabled volunteers. The number of younger volunteers will remain high.</p> <p>We will see upward growth in the number of volunteers deriving from areas of multiple deprivation.</p>
<p>People experience CHAS as an inclusive place to work or volunteer</p>	<p>We will use a Pulse survey for staff to create a baseline by 2020.</p> <p>We will use the annual volunteer survey to create a baseline by 2020 that we can then use to monitor progress.</p>	<p>We will use the findings from our Pulse survey for staff and the volunteer survey, to develop our aims and stretch aims for 2024.</p>



Keep the joy alive

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    **supportCHAS**

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