Equality, Diversity & Human Rights Week 2016
16–20 May

Making change happen

A toolkit for NHS communications teams
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**Important:**
This toolkit is not a media pack for distribution to journalists. It is designed for NHS communication teams only and gives you everything you need to deliver your own local campaign.
This is the fifth Equality, Diversity and Human Rights Week, and the theme for this year is **Making change happen**. #EQW2016 is a national platform for NHS organisations to highlight their work to create a fairer, more inclusive NHS for patients and staff.

NHS Employers coordinates the week, which this year will take place between **16 and 20 May 2016**. This key week brings together best practice from across the NHS on diversity, equality, inclusion and fairness issues, and helps NHS organisations to collectively shine a light on their achievements and priorities.

Equality, Diversity and Human Rights Week is an opportunity for your organisation to profile your local initiatives, highlight your successes and celebrate the people behind them. Your equality and diversity lead, and some of your senior managers, should already be familiar with last year’s event. We need your help to promote the 2016 week to staff and your local community and make it an even bigger success than last year.

This communications toolkit will help you to deliver your local campaign and gives you key facts and templates to help you get your message out through your own channels and local media.

We’re sure you’ll know the best way to use it for your organisation – promoting your activity in the local media, placing articles on internal and external websites, or using the information for newsletters and publicity materials.

NHS Employers is raising awareness of Equality, Diversity and Human Rights Week 2016 nationally and we hope you’ll add your voice.

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**Find out more on our campaign website:**
www.nhsemployers.org/equalityweek2016

**#EQW2016**

**Or contact the communications team at NHS Employers on 0113 306 3000**
Some quick wins to help you promote Equality, Diversity and Human Rights Week 2016:

- Find out what your organisation is doing to mark Equality, Diversity and Human Rights Week 2016 by speaking to your **equality and diversity lead**. You can make this activity central to your communications, or if you currently don’t have anything planned you can use this week to highlight great work over the past year.

- Get in touch with **public health colleagues** in local government about the work they are doing in the community to share good news stories and promote inclusion.

- Use **social media** to shout about Equality, Diversity and Human Rights Week 2016. This year, we have created an “I’m making change happen” resource for you to print out, take pictures with and post on social media. There is also an #EQW2016 twibbon campaign for you to upload onto your account. Social media is also a great way to share updates on your activity, and don’t forget to use the hashtag #EQW2016.

- Talk to **patients and colleagues** about Equality, Diversity and Human Rights Week 2016 and the positive work that your organisation is doing to address key inclusion issues.

Keep up to date with the **national Equality, Diversity and Human Rights Week web pages** to find out what other organisations are planning to do during the week – and be on top of the latest resources that will be released during the week.
KEY MESSAGES

- NHS Employers is coordinating the fifth Equality, Diversity and Human Rights Week, 16 to 20 May 2016.

- This week of equality-focused activity aims to raise awareness of equality, diversity and human rights issues in the NHS and celebrate best practice.

- As the largest employer in Europe, with over 1.3 million staff, the NHS has a responsibility to remain at the forefront of the inclusion and fairness agenda for patients and staff.

- There are many excellent examples of work happening in the NHS to embed the principles of inclusion and fairness. Equality, Diversity and Human Rights Week 2016 is an important opportunity for the NHS to demonstrate and celebrate this work.

- Throughout the week, NHS organisations will highlight work that is happening all year round to ensure the NHS continues to meet the diverse needs of local populations and is a place where staff from all backgrounds want to work.

- NHS Employers is championing the week nationally.

- The official theme for the week is Making change happen.

A day-by-day guide to Equality, Diversity and Human Rights Week 2016 is available from the NHS Employers website at: www.nhsemployers.org/equalityweek2016
MYTHBUSTER

A number of myths about equality and diversity still prevail in the workplace, including what equality and diversity means, and the benefits and risks associated with discrimination. Here are a few of the most commonly held misconceptions and how you can respond.

“Equality and diversity is just about ticking boxes”

FALSE. While tick-boxes are one of the ways of collecting data in NHS organisations, equality and diversity is about translating that data into information to inform change. What doesn’t get measured doesn’t get done. Equality and diversity needs to be measured and monitored – in the same way that finances are monitored through budgets – so that issues are identified and action can be taken.

The NHS Equality Delivery System (EDS2) is a framework to help organisations use their equality data – alongside qualitative data gathered through engagement with patients and communities – to effectively measure their performance.

Find out more on our employment web pages at www.nhsemployers.org

The Workforce Race Equality Standard (WRES) requires NHS organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of Black and Minority Ethnic (BME) board representation.

Find out more on our workforce race equality standard web page at www.nhsemployers.org

“Equality and diversity is just political correctness”

FALSE. Equality and diversity is about more than trying not to offend, or making sure you say the right thing. It’s about fairness in terms of access to employment and services – and creating an inclusive culture. It’s also about freedom from discrimination. Equality and diversity policies and initiatives help to put these widely held values into action.

For example, a hospital trust introduced value-based recruitment for healthcare assistants and support staff and reduced sickness absence by 2 per cent, turnover by 7 per cent and recruitment costs by up to 40 per cent.
“It’s only a problem for under-represented groups”

**FALSE.** The Equality Act 2010 applies to all individuals, providers of services and employers. We live in a complex society made up of people from diverse backgrounds and with a range of needs and requirements. This means someone may be seen as advantaged in some areas and, at the same time, disadvantaged in others.

For example, around 77 per cent of the NHS workforce are women, but women are under-represented in certain senior roles.

“There’s no evidence that it has an impact on patient care”

**FALSE.** People perform best when they can be themselves. Embedding equality and diversity in everything the NHS does will improve conditions for all staff and, ultimately, their patients.

A recent study showed a clear and compelling need to cultivate a more diverse and effective NHS leadership. The moral arguments against discrimination are clear. The human costs are huge and the impact on patient care is clearly negative and substantial. If staff experience discrimination as a result of their identity as gay, Muslim, disabled or Black African, there is no doubt that patients who are members of these groups will experience similar discrimination.

“Improving equality and diversity won’t save us any money”

**FALSE.** In fact, it is costly to the NHS not to pursue an effective diversity and inclusion policy. Improving diversity can have a positive impact on the bottom line. In January 2013, a report commissioned by the government’s equalities office concluded that a well-managed diversity strategy can bring benefits to the business. The costs of not promoting an inclusive, fair and equitable workplace can have significant costs for employers in terms of high turnover, high sickness absence rates and, ultimately, employment tribunal costs.

“It’s an issue for NHS leaders. Frontline staff can’t change anything”

**FALSE.** A personal, fair and diverse NHS is one where everyone’s contribution matters and everyone counts. Leadership in this area is crucial at all levels of the NHS. Senior leadership is needed to make equality a core part of quality service delivery. Middle management is vital for putting this into practice, and all NHS staff should be able to identify little things they can do in their day-to-day roles to put patients first and ensure that everyone has equal opportunities and treatment.
BYLINE

THE BIG PICTURE – STATS & FACTS

UK demographics and workforce statistics can help demonstrate the facts behind equality and diversity issues across the UK and within the NHS. We’ve pulled together some useful statistics for each of the eight key areas of equality and diversity within healthcare in England.

Age
• There are 10.3 million people aged over 65 in the UK today – this will rise to 12.5 million by 2020.
• There are 1.4 million people aged over 85 in the UK today – there will be 250,000 aged over 100 by 2050.
• One in four children born today will live to the age of 100.
• There are over 400,000 elderly people living in care homes and 750,000 suffering with dementia. By 2025, approximately one in three people over the age of 60 will have dementia when they die.
• The NHS has an ageing workforce – 47 per cent of the NHS workforce are now aged 45 and above.

Disability
• There are over 12 million disabled people in the UK. Almost one in five people (19 per cent) in the UK have a disability; this figure has remained relatively constant over time (12.2 million in 2012/13).
• The prevalence of disability rises with age: in 2012/13, seven per cent of children were disabled (0.9 million), compared to 16 per cent of adults of working age (6.1 million), and 43 per cent of adults over state pension age (5.1 million).
• In 2012/13, the most common impairments that disabled people had were: mobility (57 per cent), stamina/breathing/fatigue (38 per cent), dexterity (28 per cent) and mental health (16.3 per cent).
• The distribution of disabled people is fairly evenly spread across the UK. The North East, Wales, the North West and East Midlands have the highest rates of disability, while London, the South East and the East of England have the lowest.
• One in eight UK employees has a disability.
• 12 per cent of the NHS workforce reports a disability, compared to 9.5 per cent of the general workforce.
• Research by NHS Employers indicated 16 per cent of responders choose not to declare their disability, largely through concerns such as how declaration might affect their career and 41 per cent reported that their disability and the barriers put in their way meant their career progression was negatively affected.
People with mental health problems have much higher rates of physical illness, with a range of factors contributing to greater prevalence of, and premature mortality from, coronary heart disease, stroke, diabetes, infections and respiratory disease.

Disabled people are disadvantaged in the labour market in all European countries.

At the European Union (EU) level, around 47 per cent of disabled people are employed, compared to 72 per cent of non-disabled people. The average employment gap is 25 per cent.

Disabled people are significantly more likely to experience unfair treatment at work than non-disabled people. In 2008, 19 per cent of disabled people experienced unfair treatment at work, compared to 13 per cent of non-disabled people.

In the 2015 NHS Staff Survey, more than one in six disabled staff said they had been discriminated against.

People with severe mental illness die, on average, 20 years younger than the general population, often from preventable physical illnesses.

Patients with schizophrenia will, on average, die 14.6 years earlier than the general population, while those with bi-polar disorder die 10.1 years earlier.

Half of us say we have felt the despair of depression – twice as many as official statistics suggest. Almost nine out of ten of these individuals suffered loneliness as a result of depression, with many struggling to find others to talk to about the condition.

**Ethnicity**

- While the UK’s white population has remained roughly the same size over the past ten years, the ethnic minority population has almost doubled and now is at least eight million people, or 14 per cent of the UK population.
- The proportion of UK citizens from ethnic minority communities is expected to double in the next decades and will be between 20 and 30 per cent by 2050.
- 17 per cent of the NHS workforce have a BME background.

In the 2015 NHS Staff Survey, one in five BME staff said they had been discriminated against.

- NHS reported levels of discrimination are highest for black employees and lowest for white employees; all other non-white groups are far more likely to report experiencing discrimination than white employees.

The NHS staff survey item that was most consistently strongly linked to patient survey scores was discrimination, in particular discrimination on the basis of ethnic background.

- There has been no significant change in the proportion of nonexecutive BME trust board appointments in recent years, continuing the pattern of under-representation compared to both the workforce and the local population.
- The likelihood of white staff becoming managers/senior managers was three times higher than that for BME staff.
- Asian and BME staff are more likely to recommend their employer as a good place to work than white staff, but are still under-represented at senior management levels.
Gender

- NHS workforce data shows that the proportion of women to men within the overall healthcare workforce is 78 per cent to 22 per cent respectively.
- The NHS is composed of 77 per cent of female staff and yet women make up only 42 per cent of chief executives, 32 per cent of finance directors, 24 per cent of medical directors, 68 per cent of human resources directors and 85 per cent of nursing directors.
- 47 per cent of all doctors practising in the NHS are female and of GP registrars (those training to become GPs), a striking 68 per cent are female.
- Of practising hospital and community doctors who qualified in the United Kingdom, 49 per cent are female, 70 per cent of the CCG workforce are women, 52 per cent of GPs are female.
- There has been a 46 per cent increase in the headcount of female GPs since 2004, while male headcount has decreased by 4.7 per cent.
- Yet it is also the case that 63 per cent of CCG governing members are male and 74 per cent of CCG GP leads (GPs who lead a particular work stream) are male. Only 22 per cent of CCGs have three or more female GP leads and 29 CCGs have no female GP leads at all.

Gender reassignment

- Research shows that transgender people are likely to have inadequate or inappropriate access to services.
- Transgender medical students report that they are more likely to experience discrimination and harassment from patients and colleagues.
- There is increasing recognition of the rights of transsexual and transgender service users and employees in the NHS, with the Gender Recognition Act granting legal recognition of a changed gender for transsexual people.

Religion or belief

- In the 2011 census, the number of residents who stated that their religion was Christian was fewer than in 2001. The size of this group decreased by 13 per cent to 59 per cent (33.2 million) in 2011 from 72 per cent (37.3 million) in 2001.
- Research suggests that poor knowledge and skills of staff in providing health services to people with non-Christian religions or beliefs can have an adverse effect on the patient experience.
Sexual orientation

- A third of gay and bisexual men who have access to healthcare services have experienced negativity related to their sexual orientation, according to Stonewall.

- *Prescription for change*, a survey carried out by Stonewall, found 50 per cent of lesbian women under the age of 20 had self-harmed, compared to one in 15 women nationally. Half of the respondents also stated that they had not discussed their sexuality with their GP.

Statistics from Stonewall show that:

- 50 per cent of lesbian and bisexual women have had negative experiences of the NHS.

- 3 per cent of gay men attempt to take their own life, compared to 0.4 per cent of the general male population.

- 41 per cent of lesbian, gay and bisexual people over the age of 55 currently live alone.

- Lesbian, gay and bisexual people are at higher risk of depression and anxiety disorders and are twice as likely to smoke.

Maternity and pregnancy

- A report published in March 2013, by law firm Slater & Gordon, showed that one in seven of the 1,000 women surveyed had lost their job while on maternity leave. Over 40 per cent said their jobs had changed by the time they returned, with half reporting a cut in hours or demotion. More than a tenth had been replaced in their jobs by the person who had covered their maternity leave.

Socio-economic factors

- There is a significant difference in rates of diagnosis, treatment and outcomes for the five biggest killers (cancer, stroke, heart disease, lung and liver disease) depending upon where you live.

- The average age of death of a rough sleeper is 30 years earlier than the average population (47 and 43 years for men and women respectively).

- At birth, men in the least deprived areas of England can expect to live about 15 more years disability-free than men in the most deprived areas; for women it is almost 13.5 years. These differences have increased recently – poorer people live shorter lives, and live more of these lives with limiting illnesses.
PRESS RELEASE TEMPLATE

[NAME OF ORGANISATION] celebrates Equality, Diversity and Human Rights Week 2016 in [NAME OF TOWN/CITY]

[NAME OF ORGANISATION/TOWN/COUNTY] will be [DESCRIBE YOUR LOCAL ACTIVITY, WHEN AND WHERE] as part of the fifth Equality, Diversity and Human Rights Week.

[MORE INFORMATION ON LOCAL ACTIVITY AND WHO IS INVOLVED TO BE INCLUDED HERE]

The week, which takes place from the 16th to 20th May, is organised by the NHS Employers organisation and shines a light on the ongoing work across the NHS to ensure that it continues to meet the diverse needs of local populations.

It is a chance for NHS organisations across the country to promote their achievements in this area, showing how they make equality part of everything they do, improving the quality of services for patients and the working lives of staff.

[NAME], head of equality and diversity at [NAME OF ORGANISATION], said:

[ADD YOUR OWN QUOTE FROM A DIRECTOR], said:

Danny Mortimer, Chief Executive, the NHS Employers organisation, said:

“NHS Employers is thrilled to be able to lead the fifth Equality, Diversity and Human Rights Week. This year’s theme is Making change happen and the annual celebration of the fantastic work that NHS organisations are doing each and every day. I hope you’ll join me in once again committing to making the NHS a great place to work and join in celebrations and activities.”

Paul Deemer, Head of Diversity and Inclusion at the NHS Employers organisation, said:

“I feel very privileged to be a part of the fifth Equality, Diversity and Human Rights Week. I know there has been some brilliant work over the last 12 months and this is a great opportunity for organisations to showcase their campaigns. It’s through the great work that people commit to day in, day out that we can all create a more fair, diverse and inclusive NHS. Please join me in celebrating our successes.”

Find out more on the NHS Employers website: www.nhsemployers.org/equalityweek2016

Notes to editors
1: Equality, Diversity and Human Rights Week runs from 16 to 20 May 2016.
2: An activity calendar can be found at: www.nhsemployers.org/equalityweek2016

[NAME OF ORGANISATION/TOWN/COUNTY] will be [DESCRIBE YOUR LOCAL ACTIVITY, WHEN AND WHERE] as part of the fifth NHS Equality, Diversity and Human Rights Week.

[MORE INFORMATION ON LOCAL ACTIVITY AND WHO IS INVOLVED TO BE INCLUDED HERE]

The week, organised by NHS Employers, shines a light on the ongoing work across the NHS to ensure that it continues to meet the diverse needs of local populations, and is a place where staff from all backgrounds will want to work.

[NAME], head of equality and diversity at [NAME OF ORGANISATION], said:

[ADD YOUR OWN QUOTE FROM A DIRECTOR]

[NAME], [ROLE at NAME OF ORGANISATION], said:

[ADD MORE INFORMATION ABOUT THE ACTIVITIES YOU ARE DOING / HOW PEOPLE CAN GET INVOLVED]
NHS Employers

NHS Employers is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is at the centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

NHS Employers is part of the NHS Confederation.

Contact us

Email: diversityandinclusion@nhsemployers.org
Web: www.nhsemployers.org/equalityweek2016
#EQW2016
@NHSE_Diversity

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