# National Voices: Equality Action Plan 2024-2029

## Why this work is needed

At National Voices, our mission is to advocate for more equitable and person-centred health and care, shaped by the people who use and need it the most. However, our work takes place in a society with significant inequality:

* If you are a woman born into a poorer area of England, you are likely to die almost eight years before women from richer areas. (Read more via [the ONS website.](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstatelifeexpectanciesbyindexofmultipledeprivationimd/2018to2020))
* If you are a 60 year old who is Gypsy, Irish Traveller, Bangladeshi, Pakistani or Arab then it's likely your health will be similar to that of a White British 80 year old. (Read more via [the University of Manchester](https://www.manchester.ac.uk/about/news/study-reveals-huge-ethnic-minority-health-inequalities/).)

While NHS and social care services are not solely responsible for the health inequalities that exist, we know that many minority groups receive worse care and therefore worse outcomes from care than they should:

* If you are Black, you are almost four times more likely to die from childbirth than if you are White. (These statistics are available to read via the [UK Parliament website](https://committees.parliament.uk/committee/328/women-and-equalities-committee/news/194759/mps-call-for-government-target-to-eliminate-maternal-health-disparities/#:~:text=Black%20women%20are%20almost%20four,in%20the%20least%20deprived%20areas.).)
* If you have a learning disability, you are almost 30% more likely to die prematurely because of an issue that could have been avoided by the provision of good quality care than if you didn’t have a learning disability. (Read more via [Mencap’s website](https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities).)
* If you are Deaf, you are much less likely to have an accessible way of contacting your GP. (Read more via a blog from SignHealth, hosted on [National Voices’ website](https://www.nationalvoices.org.uk/blogpost/bsl-first-approach-accessible-health-information-is-essential-in-tackling-health-inequalities-for-deaf-people/#:~:text=However%2C%20our%202021%20report%20tells,when%20they%20had%20an%20appointment.).)

We believe that one of the key issues behind this is that often health and care is designed around the needs of majority groups, without adequately thinking through or responding to the needs of minority groups. At National Voices, a major part of our reason for existing is ensuring that health and care services are designed in a way that is inclusive of everyone. Yet, even where we are able to make connections between citizens and decision makers, we know that some groups of people are much less likely to be listened to, taken seriously or believed. (Read more via a Department of Health and Social Care policy paper: [Winterbourne View Hospital: Department of Health review and response](https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response))

While often the decisions that exclude groups of people from care are made unwittingly, there is no doubt that stigma and prejudice can play a role in dampening the political will to improve the welfare of some groups experiencing inequalities. With research showing that 44% of British adults openly express negative feelings towards Gypsy, Roma and Traveller people, 27% towards immigrants, 22% towards Muslims and 16% towards Transgender people - this is an elephant in the room we cannot afford to ignore. (These statistics are available to read via the [Equality and Human Rights Commission’s website](https://www.equalityhumanrights.com/our-work/our-research/developing-national-barometer-prejudice-and-discrimination-britain).)

It is within this context that we have worked to develop an Equality Action Plan for National Voices – to set out a clear approach for how we will contribute towards a more equitable health and care system, and ultimately a more just and fair society. However, while we often are very vocal about the valuable role charities play in making care more inclusive and person-centred, it is also sometimes the case that we are part of the problem:

* Over two-thirds of charity staff from racial and ethnic minority backgrounds have experienced, witnessed or heard stories of racism in the sector. (read a piece from Civil Society on this [here](https://www.civilsociety.co.uk/news/two-thirds-of-bame-charity-staff-report-experiencing-witnessing-or-hearing-stories-of-racism-in-the-sector.html).)
* 92% of Charity CEOs are White - a shocking statistic in itself, but also illustrative of a broken pipeline to senior roles for minoritised groups. (this statistic is taken from the ACEVO Pay and Equalities Survey 2023)

As a charity sector, we have a long way to go to be representative of the communities we serve and to be genuinely inclusive places to work and volunteer. And so, there is also work needed on equality within the charity sector and within National Voices – these are issues we intend to tackle head on in this plan.

## Our role in addressing inequality

As a charity we have legal responsibilities under the Equality Act 2010 to ensure that discrimination does not occur within National Voices. It’s our duty to not discriminate on the grounds of any of the [protected characteristics included in the legislation](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics), whether that’s through paying different wages for the same job based on gender, or refusing to hire someone because of their ethnic background or religion.

Our goal at National Voices is to go much further than this – we are committed to being an anti-racist and anti-oppressive organisation. Our aim is to deliver equity in our culture, our values, our structure, our decisions, the support we provide, our partnerships, our influencing work and the way all staff approach our roles.

We recognise the unique inequality faced by each of the protected characteristic groups but also recognise that there are groups of people who experience health inequalities who are not protected by the Equality Act. It is therefore our intention to take an expansive approach to groups of people considered in this Equality Action Plan (as set out in the diagram below).

Diagram description: Venn diagram, three interlinking circles. First circle on the left with the heading: Protected characteristics (protected by Equality Act). Body text reads: Age, gender reassignment, being married or in a civil partnership, being pregnant or on maternity leave, disability, race (including colour, nationality, ethnic or national origin), religion or belief, sex, sexual orientation. Right hand circle heading reads: Wider groups (not protected by Equality Act) Body text reads: Carers, people experiencing homelessness, people living nomadically, people seeking asylum or refuge, people in contact with the criminal justice system, sex workers, victims of modern slavery, survivors of relational abuse. Bottom circle heading reads: People experiencing socio-economic inequality. Body text reads: People on low incomes, people from low income backgrounds, people from areas where there are high levels of socioeconomic inequality.

We have chosen to present this as a Venn Diagram in recognition of the intersectionality that exists between the various groups who experience inequalities.

Underpinning our approach:

* We want to create a culture of allyship in National Voices, where each trustee, staff member, Lived Experience Partner and volunteer in our team is encouraged to develop skills of empathy and understanding which enables them to help others to feel like they belong.
* We want to set an expectation within our team that taking action on inequality is not an act of charity or something to do out of pity, but a recognition of our commitment to making sure everyone can thrive in the multi-facets of their humanity and in recognition of the value a diverse team brings to the organisation.
* We want to create a culture where diversity is seen as a genuine positive, and where groups who experience inequality are not seen as problems to be solved but as whole and resourceful individuals whose differing life experiences bring additional value.

## Definitions

### Equality

Where everyone is given the same resources and has access to the same opportunities.

### Equity

Where it is recognised that each person has different circumstances, and each individual is given the resources and opportunities they need to reach an equal outcome. At National Voices, we strive to take an equitable approach to secure an equal outcome for all.

### Diversity

The presence of people from a wide range of backgrounds, include race, ethnicity, age, gender, income levels and more.

### Inclusion

The creation of an environment that enables diverse groups of people to participate and thrive.

## Terminology

### Language around race and ethnicity

In the development of this document, we have had many conversations about the right language to use around race and ethnicity. We know that many people prefer different terms.

We have opted not to use the term ‘BAME’ (which stands for Black, Asian and Minority Ethnic) because we widely hear that this term unhelpfully homogenises and makes invisible some groups of people.

We recognise that there is no language that is perfect or universally acceptable and so we aim to be as specific as possible about any groups we are referring to (e.g. saying Indian people, Irish Traveller people etc.).

When we need to use umbrella terms, we aim to use a wide range of terms (e.g. people from racial and ethnic minority groups, global majority, minoritised groups etc.). We are always open to feedback on the language we use.

### Language around socio-economic inequality

We are aware that language around ‘deprivation’ has become normalised in conversations around inequalities in health and care. In some places, for example, when referring to the ‘Multiple Deprivation Index’ this may be legitimate, but we are conscious that being ‘deprived’ can be a negative label when used to describe people or communities.

For this reason, we prefer to use terms like ‘people experiencing socio-economic inequality’, ‘people with low incomes’ or ‘people experiencing poverty’ because this recognises income inequality as a situation that an individual can experience, not a negative label describing the individual.

## Our key objectives to achieve equality

The purpose of this Equality Action Plan is to identify the key actions we will take to:

1. **Make National Voices a genuinely diverse and inclusive organisation.**

We want to be an organisation where trustees, staff members, lived experience partners and volunteers come from a wide range of backgrounds, each bringing their own unique perspectives and experiences. We want to create an environment that enables diverse groups of people to participate and thrive.

1. **Advocate for an end to inequalities in health and care.**

We want to ensure the experiences and needs of groups who experience inequalities are at the centre of all of our influencing work. We want to focus our influencing activities to shift the dial on systemic issues which cause inequalities in health and care.

1. **Provide support and work to educate our members about the role they can play in bringing an end to inequalities in health and care.**

We want to create spaces and opportunities for our member charities to learn from others about how they can make their own organisations more diverse and inclusive, and how they can address inequalities in health and care. We also want to support our members to make tangible progress on areas of equality, diversity and inclusion.

In this document, we set out a series of actions we will undertake to make progress across our three objectives. We anticipate that these will enable us to make progress that feels meaningful and tangible to a wide range of groups experiencing inequality. Each will be led by a member of the Senior Leadership Team.

## Taking stock of progress so far

Since National Voices was founded, we have existed to advocate for more person-centred health and care, shaped by the people who use and need it the most. However, we haven’t always questioned who is less likely to receive person centred care and why.

In 2021, we developed an Inclusion Action Plan for National Voices which outlined eight areas where we would make a concerted effort to make our organisation more diverse and inclusive, and to use our influencing voice and connections to advocate for a reduction in health inequalities. We identified racial inequity as a priority area, but also committed to actions to address wider forms of inequality.

The key areas we aimed to make progress in were:

1. Changing our organisational culture through training​.
2. Diversifying our staff team​.
3. Diversifying our Board of Trustees​.
4. Working with members more around health inequalities.
5. Focussing our work more on health inequity​.
6. Involving diverse Lived Experience Leaders.
7. Ensuring inclusive events​.
8. Building partnerships with others who also want to tackle inequality.

While of course we have further to go, we were able to make significant progress in some areas. As just a few examples:

* Health inequalities is much more significant focus of our policy and influencing work and we have seen tangible policy and political change as a result of it.
* We have recruited a community of Lived Experience Partners from a diverse range of backgrounds and also diversified our Trustee Board and staff team.
* As a result of training to support change in our organisational culture, our staff team are more confident in taking more equitable and inclusive approaches e.g. in running events, or developing projects.
* We have delivered a series of ‘Be The Change’ workshops to support our members championing anti-racism in their organisations and work.

## Objective 1: Making National Voices a genuinely diverse and inclusive organisation

**Organisational Lead:** Director of Finance and Operations

### What would success look like?

National Voices will be a truly diverse organisation – our trustees, staff members at all levels of the organisation, lived experience partners and volunteers will come from a wide range of backgrounds, each bringing their own unique perspectives and experiences. Everyone will feel heard and fully able to participate and thrive.

### How would we measure success?

* Annual demographics monitoring of our staff team, trustees and Lived Experience Partners, with the aim of:
	+ At least one third of people to come from racial and ethnic minority backgrounds. (We have chosen this goal based on the fact that we are London based but with national remit and 2021census data suggests 18% of English and Welsh people in total and 46.2% of people in London belong to a Black, Asian, mixed or other ethnic group. Please note this doesn’t include White minorities e.g. White Irish or White European communities.)
	+ At least 4% of people to identify as LGBTQ+. (We have chosen this goal based on the fact that 3.2% of people in the 2021 census identified as gay, lesbian, bisexual, or another sexual orientation and 0.5% of people said their gender identity and sex registered at birth were different.)
	+ At least one fifth of people to be disabled, as defined by the Equality Act (a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities). (We have chosen this goal based on the fact that 2021 census data suggests that 17.8% of people said that they were disabled, and as a charity in the health and disability space, we can/should reasonably expect to have a higher representation of disabled people engaged in our work.)
* Annual surveying of our staff team, trustees and Lived Experience partners on inclusion, with the aim of more than 95% of people feeling they are not treated unfairly because of their background and with no major differences seen by different demographic groups.
* All staff members will report an increase in confidence in equality, diversity and inclusion as a result of training undertaken.

Because National Voices is a small organisation, we will ask an external individual/organisation to collect and analyse information on these measures on our behalf and collect information on the staff team, trustees and Lived Experience Partners together. This will mean it will be harder for us to look at the data captured in a granular way, but it will mitigate against the risk of any one individual being identifiable in the data. We will be particularly mindful in any work to improve representation of the importance of diversity and inclusion in senior roles within the organisation.

### What we already do

At National Voices, we have already undertaken a range of work to make our organisation more diverse and inclusive.

In terms of diversity:

* When recruiting staff, we routinely include information in job adverts on underrepresented demographics in our team, we do blind shortlisting to reduce potential of bias, we advertise flexible roles where possible, we collect demographics data, we offer interview questions in advance, we take a competency based approach, we don’t require specific qualifications unless absolutely necessary, we advertise that people’s life circumstances can be taken into account when agreeing hybrid working rhythm and much more.
* When recruiting trustees, we have sought to have trustees on our board who are from underrepresented groups and/or who themselves have lived experience of health conditions.
* When recruiting to our community of Lived Experience Partners, we particularly try to include people with lived experience of health conditions or caring, and from communities experiencing inequalities.
* Recognising that as a small charity, our staff and trustee board may not ever be fully representative of the population we serve, we invest in relationships with diverse groups of people with lived experience and charities who have connections to communities who experience inequality.

In terms of making National Voices an inclusive place to work and be, we:

* Aim to ensure team social activities are inclusive, for example, not only revolving around alcohol, at times when people with children can easily attend and more.
* Aim to ensure speakers at our events are diverse,
* Are based in a wheelchair accessible building and strive to ensure people who use wheelchairs can always be fully included in any activities we do.
* Encourage people to share their pronouns in their emails if they are comfortable to do so and on Zoom calls, as well as correcting each other if misgendering takes place.
* Encourage people to check they are pronouncing other people’s names right and correcting one another where we get it wrong.
* Have clear policies in place around leave for medical appointments, surgery, fertility treatment, menopause, religious festivals, emergencies at home, time off for dependents and compassionate leave.
* Have had team training on mental health first aid and on racism.
* Always use ALT Text and Closed Captions on images and videos on Twitter.

### Between 2024 and 2029, we plan to:

### Be more proactive in communicating about our inclusive practice

This will include:

* Being more proactive in advertising the positive inclusive practice we have already committed to so people from underrepresented groups can feel confident we would be an inclusive organisation to work for e.g. eligibility for carers leave, flexible working for disabled people etc.
* Make information available publicly on our ambition to be an anti-racist and anti-oppressive organisation.
* Making it clear that we welcome applications from people who have been in contact with the criminal justice system.
* Improving how we communicate about expectations around office working for people with caring responsibilities, people who are immunocompromised, disabled people, people who live far from the office and others who may find it harder to attend in-person events.

### Improve the diversity of our staff team, trustee board and Lived Experience Partners

This will include:

* Targeting our recruitment at under-represented groups e.g. through specialised job board postings.
* Recruiting more young people onto the board and people from low income backgrounds.
* Applying to take on a Board Room Apprentice.
* Undertaking a review of all demographic data we have captured as part of recruitment to identify themes and actions, and to ensure that we are following best practice in data categories.
* Continuing to improve the diversity of our Lived Experience Partners.
* Routinely considering what level of flexibility we can offer when advertising a job opportunity – making it clear to potential applicants our openness to flexibility.
* Being more generous about covering trustee expenses by covering not only travel but also childcare and carer costs.

### Create learning, work and progression opportunities for people from underrepresented groups

This will include:

* Creating internships for people from underrepresented groups e.g. through Sussex First Generation Internships or the 10,000 Black Interns Programme.
* Creating mentoring opportunities for people across the team, particularly those who wouldn’t have access to this outside of work.
* Offering additional training opportunities to Lived Experience Partners from underrepresented groups.
* Consider creating specific work opportunities for people leaving prison.

### Develop a more equitable and transparent approach to renumeration and progression

This will include:

* Introducing transparent pay brackets and developing an organisational policy on fair remuneration and progression, which takes into account that some groups of people are less likely to ask for pay increases and more likely to experience pay gaps. Continuously monitor and improve our approach where possible.
* Introducing enhanced parental leave - maternity, paternity and adoption and ensuring these are clearly advertised on our website (please note, this is something we have introduced in response to discussions emerging from the development of this plan). Continuously monitor and improve our approach where possible.

### Improve staff team and trustee board knowledge on equality and inclusion

This will include:

* Putting in place additional training around equality as appropriate to the role, for example, on managing diverse teams, anti-racism, active bystander training and more.
* Ensuring our organisational training budget allows access to training for line managers to improve their practice in supporting people with specific needs.

### Develop clearer objectives and accountability around equality, diversity and inclusion

This will include:

* As part of our core performance and appraisal process, all members of the staff team will be given an annual objective around advancing inequality in the organisation’s work.
* Two trustees will be identified as ‘Equality Champions’ and asked to specifically focus on equality considerations of all major decisions and new policies. These trustees will be given access to training and learning opportunities to support this.
* While all members of the Senior Leadership Team will have strategic responsibility for advancing equality in their areas of work, one member of the Senior Leadership Team will be an Equality Champion, specifically focussing on equality considerations of all major decisions and new policies.
* Including clear information within our complaints and grievance process for anyone who has experienced or seen behaviour contrary to equality and inclusion principles.
* Doing an equalities analysis of all HR policies, and making this a standard element of new policy creation.

### Better support mental health and wellbeing in the workplace

This will include:

* Ensuring all members of the staff team are aware of the option to have a Wellness Action Plan in place for them, and all line managers are confident in developing these.
* Ensuring key meetings between line managers and staff have a focus on wellbeing.
* Continuing to host wellbeing forums with the staff team, and take action on emerging insights and asks.
* Continuing to give each member of the staff team a wellbeing allowance.
* Continuing to have two Wellbeing Trustees who staff can approach for advice or guidance on wellbeing issues.
* Continuing to give staff access to counselling sessions.
* Ensuring people working with members of the public who may have challenging or traumatic experiences of health or care get the right support e.g. clinical supervision, where appropriate.

### Ensure inclusion at events

This will include:

* Maintaining a calendar of religious holidays and moments, ensuring that the team are aware of these and not scheduling important events on these dates.
* Considering how we can inclusively schedule events for people taking part in Salah (praying five times a day).
* Aiming to ensure there is access to space where people can pray in our offices or breast feed privately if desired, and for in-person events we hold.

### Inclusive and accessible communications

This will include:

* Ensuring all reports are available in Plain Text.
* Ensuring all National Voices’ videos are captioned.
* Ensuring that for all of our external events accessibility is the norm and that attendees can access palantypists, BSL interpretation etc. as the norm.
* Ensuring that for all ongoing and routine meetings (e.g. Heads of Policy meetings etc.), we routinely ask potential attendees about any accessibility requirements they have.
* Undertaking an accessibility review of our website.

### Collaborate with funders who share our values around equality and inclusion

This will include:

* Reviewing our approach to ethical fundraising, including ensuring that within Charity Commission guidance and the Fundraising Code, we do not collaborate with funders who compromise our values around equality and inclusion.

## Objective 2: Advocating for an end to inequalities in health and care

**Organisational Lead:** Director of Policy and External Affairs

### What would success look like?

The experiences of people experiencing health inequalities will be coherent and highly visible in all of our influencing work. We will have used our platform to make tangible changes on systemic issues which cause inequalities in health and care.

### How would we measure success?

* We will be able to identify a wide range of examples where decision makers in health and care have taken a more equitable approach as a result of our work.
* Our influencing and advocacy external outputs will have a recognisable inequalities angle.

### What we already do

National Voices’ members have been clear that they would like us to prioritise work to address health inequalities. In our 2023 Member Survey, this was the most popular policy priority across every measure.

At National Voices, we have undertaken a wide range of work where addressing health inequalities has been the primary objective. For example, our 2021 conference on health inequalities, our work on Core20Plus5 and our work on the VCSE Health and Wellbeing Alliance.

We know that our inequalities focussed member charities tend to be small charities with limited resources and so we routinely build in small charity payments within our funded pieces of work so that they can fully participate in our funded insight and influence work.

We know that because our inequalities focussed member charities tend to be small, they may find it harder to routinely attend Heads of Policy meetings or feed into our policy prioritisation processes, and so we aim to have 1:1 meetings with equalities charities at least once a year, and feed their insights and priorities into all our work.

We know that people from groups experiencing inequalities are more likely to have specific communication needs and so we routinely build in budget to meet diverse communication needs (e.g. BSL translators, palantypists) within our funded pieces of work so that they can fully participate in our insight and influence work. We work to ensure our online content is as accessible as possible. This includes using uncomplicated language, providing image descriptions and explaining acronyms when we use them.

We are regularly approached by senior decision makers to understand how a new policy or approach will impact upon people and communities. We routinely encourage decision makers to consider the health inequalities impacts of their decisions and connect them with our member and partner charities who have more insights on the experiences of specific groups.

We know that some of the terminology used in public discourse around people experiencing inequalities can be othering, reinforce stigma or suggest the groups themselves are to blame e.g. ‘hard to reach’, ‘vulnerable’, ‘deprived’ etc. Across our communications (both written and verbal) we are mindful of how we speak and write about people.

One of three key strategic focus areas within our organisational strategy for 2024-2029 is to end unequal access to health and care – this will be a key strand and theme within our work over the coming five years.

### Between 2024 and 2029, we plan to:

* Ensure health inequalities underpins all of our policy work and is a major theme in our wider stakeholder influencing work.
* Make specific commitments each year to particular bits of policy work around inequalities e.g. influencing around cost of living, advocating for stronger NHS data on inequalities to be collected etc.
* Ensure we aren’t just identifying policy priorities because of their popularity, but because of their importance to reducing health inequalities, for example having a focus on transport within the ensuring access for all strategy priority.
* Take a cross-Government approach, where appropriate, to address inequalities in wider determinants of health. Our first step towards this was our general election manifesto ask seeking cross government commitment to reducing the gap in healthy life expectancy.
* Be ready to speak out when senior health figures say something damaging about a group experiencing inequalities, and backing this up with clear research and evidence. Our first step towards this was creating an internal policy on how and when we will speak up on equality and inclusion issues.
* Create a House style communications guide on inclusive terminology to be used at National Voices.

## Objective 3: Providing support and working to educate our members about the role they can play in bringing an end to inequalities in health and care

**Organisational Lead:** Director of Membership and Development

### What would success look like?

Our member charities will become more diverse, inclusive and confident in taking action on health inequalities as part of their everyday work.

### How would we measure success?

* Our members will report an increase in confidence in equality, diversity and inclusion as a result of engaging in our work.
* People from underrepresented groups will report they have been able to access opportunities for work or progression they otherwise wouldn’t have been able to as a result of our work.

### What we already do

We have done some limited work to provide support and learning to our members about the role they can play in bringing an end to inequalities in health and care. For example:

* We ran a series of ‘Be The Change’ roundtables with members which spotlighted good practice examples of how to become an anti-racist health and care charity, and which culminated in the launch of our report [Be the Change: How to tackle racial inequalities in health and care charities](https://www.nationalvoices.org.uk/publications/our-publications/be-change-how-tackle-racial-inequalities-health-and-care-charities).
* We lead and convene our member charities in policy influencing work around inequalities e.g. our work on cost of living.
* We seek to have a strong representation of member charities whose focus is on a specific group experiencing inequalities, who other members can connect with and learn from.
* We encourage our members to think about the inequalities dimensions of their own work.
* We have delivered a series of Next Generation Network events, which have a specific focus on creating networking opportunities for early career professionals from underrepresented backgrounds.

### Between 2024 and 2029, we plan to:

* Continue to hold Next Generation Network events, monitoring the demographics of attendees and maximising the impact for early career professionals from underrepresented backgrounds.
* Host a series of events which enable our members to meet and connect with each other to maximise collaboration focussed on addressing health inequalities. Our first step towards this is holding a Health Inequalities Unconference in December 2024.
* Using our role and platform to encourage the diversification of leaders of and policy teams within our member organisations.
* Gather targeted feedback from our equality focussed members on how we can strengthen our membership offer to them, and to understand more about the role we can play in sharing their insights with our wider membership.
* Participating in events or webinars where we can share our areas of good practice e.g. diversifying a trustee board, supporting flexible working for senior roles etc.

## Reporting on progress

We are committed to working in a transparent and accountable way in the delivery of our Equality Action Plan. We commit to:

* Ensuring that a named member of the Senior Leadership Team has responsibility for delivering against each of the areas of the Plan.
* Reporting to our Board of Trustees on an annual basis on progress against the Equality Action Plan.
* Publishing our Equality Action Plan publicly and providing regular updates on the progress we have made against it.
* Having clear objectives within our annual business plan relating to our equality commitments.
* Reporting on our progress on equality, inclusion and diversity as part of our annual report each year.

## Acknowledgements

This plan has been developed after extensive engagement with the National Voices staff team, trustees and Lived Experience Partners. It has been a collaborative effort from a diverse group of people who have generously shared both their personal and professional expertise. We want to thank everyone who has been involved.