Appendix 1: Looking forward, new equality outcomes April 2025-March 2029

Equalities Mainstreaming Report April 2023 - March 2025

Under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, we are required to publish equality outcomes every four years. To develop our new outcomes, we spoke to:

- internal stakeholders: colleagues from Human Resources, Organisational and Workforce Development, Participation and Equalities, Scrutiny and Assurance, Strategy and Improvement, Meaningful Connections, Dementia Practice Development Group, Methodology, Corporate Equalities Group, Children's Rights and Corporate Parenting Group, employee networks, staff, and volunteers

- external stakeholders: people experiencing care, professionals, external equality groups, care services, providers, and advocacy groups.

To ensure our new outcomes align with corporate priorities, we reviewed the following internal evidence sources:

- consultation feedback from equality outcome surveys and conversation cafés

- equality impact assessments and workforce equality data

- employee engagement survey results

- employee networks and working groups

- lessons from previous reporting cycles.

We also considered emerging priorities including:

- Scottish Government Equality and Human Rights Mainstreaming Strategy consultation

- Scottish Government Review of National Performance Framework and National Outcomes

- 'Moving on' from care into adulthood consultation

- The Promise Bill

- A Human Rights Bill for Scotland

- Learning Disabilities, Autism and Neurodivergence Bill.

Evidence review against the protected characteristics

Age:

- In 2021/22, 75.7% of adults receiving social care were aged 65+, a decrease from 78.3% in 2018/19 (Public Health Scotland, 2022a).

- In 2021/22, 68% of those aged 65+ rated their care as good/excellent, compared to 54–59% of other age groups. Satisfaction levels have declined since 2019/20, but the age pattern remains consistent (Scottish Government, 2022e).

- Older adults (65+) were more likely to feel treated with compassion (89.1% in 2019/20) compared to adults aged 45–54 (84.2%). No significant changes occurred from 2017/18 to 2019/20. From 2019/20 to 2021/22, fewer people of all ages felt they had a choice in how their care was arranged. Those aged 35–44 experienced the largest increase in agreement with "I was not offered any choices," rising from 17% to 28%, the highest of any age group in 2021/22 (Scottish Government, 2022e).

- Reports from The Promise and Who Cares? Scotland highlight stigma, discrimination, and disproportionate criminalisation faced by care-experienced young people. Barriers to mental health services and support for care-experienced parents exacerbate challenges.

- Studies by the Child Poverty Action Group and Runnymede Trust show higher poverty rates among Black and minority ethnic children, driven by systemic racial and gender inequalities. These disparities impact educational and health outcomes, perpetuating socio-economic barriers.

- Learning Disabilities and ELC Access: The Scottish Commission for People with Learning Disabilities (SCLD) reports unequal access to early learning and childcare (ELC) for children with learning disabilities, emphasising the need for inclusive education practices.

Disability:

Reports from the Dementia Services Development Centre (DSDC) and Alzheimer's Research UK highlight inequalities in dementia diagnosis and care, with individuals with disabilities or from minority backgrounds facing additional stigma and barriers.

The Scottish Human Rights Commission and Inclusion Scotland emphasise challenges faced by disabled individuals, including employment barriers, social care charges, and difficulties accessing adult disability payments. Studies by the NHS Confederation and General Pharmaceutical Council show Covid-19 disproportionately impacted disabled people and minority ethnic groups, worsening existing inequalities.

Gender re-assignment:

The National Care Service (Scotland) Bill: Equality Impact Assessment highlights that transgender individuals may face discrimination within social care services, underscoring the necessity for inclusive practices to address these disparities. Ongoing efforts to collect comprehensive data and implement inclusive practices are essential to fully address these disparities.

Marriage and civil partnership: See appendix 2, employment only, evidence is lacking for this.

Pregnancy and maternity:

The Scottish Government Equality Outcomes and Mainstreaming Report 2023 identifies that pregnant women and new mothers, particularly those in rural or socioeconomically disadvantaged areas, encounter significant barriers to accessing prenatal and postnatal care. These challenges can lead to delayed or inadequate support, adversely affecting maternal and child health outcomes.

Race:

Between 2017/18 and 2019/20, the percentage of adult social care recipients from 'Mixed, multiple, or other ethnic groups' in Scotland reporting being treated with compassion and understanding dropped significantly from 91.8% to 74.4%. Systemic barriers such as discrimination and language obstacles continue to limit access to quality health and social care for minority ethnic groups. (Is Scotland Fairer 2023).

Religion or belief:

The Health and Care Experience Survey shows that Christian adults are consistently more likely than those with no religion to agree they are treated with compassion and understanding in social care. However, this proportion has declined among Christian adults from 2013/14 to 2019/20. The National Care Service: Equality Impact Assessment highlights the need for culturally sensitive care practices to ensure individuals from diverse religious backgrounds receive appropriate and respectful support.

Sex:

Women are more likely than men to both provide and receive social care. In 2021, 18% of women aged 16 and over provided informal care compared to 13% of men, with the highest rates of caring seen in those aged 55–64 (27% of women and 23% of men) (Scottish Health Survey, 2021). Women also represent 61% of adult social care users (2020/21) (Public Health Scotland, 2022b). The Scottish Government Equality Outcomes and Mainstreaming Report 2023 highlights that women face unique health challenges and greater reliance on social care services. However, access to these services is often inconsistent, particularly in deprived areas, exacerbating health inequalities.

Sexual orientation:

While no national data exists on the sexual orientation of social care users, evidence suggests that lesbian, gay, bisexual, and other non-heterosexual adults are more likely than heterosexual adults to report unmet care needs. Targeted support is crucial to address these gaps. Small-scale research (Self Directed Support Scotland and the Alliance, 2020) revealed concerns among some LGBT+ individuals about acceptance from personal assistants and care workers. Others reported difficulties accessing LGBT+ events and support groups, highlighting the need for inclusive and affirming care.

Overlapping inequalities:

The Scottish Government Equality Outcomes and Mainstreaming Report (2023) highlights how overlapping inequalities—such as socio-economic disadvantages, housing instability, and healthcare disparities—compound the challenges faced by individuals with intersecting protected characteristics. Marginalised groups, including disabled and minority ethnic individuals, encounter significant barriers to accessing quality care. The Equality and Human Rights Commission and Healthcare Improvement Scotland emphasise the need for intersectional policies to address these systemic disadvantages.

Additional evidence:

- [Scottish census 2022](#)

- [Equality Outcomes and Mainstreaming report 2023](#)

- [Equally Safe](#)

- [Experiences from health and social care the treatment of lower-paid ethnic minority workers](#)

- [Adult Social Care in Scotland - Equality evidence review](#)

- [Experiences of self-directed support](#)

- [Literature review of dementia research](#)

- [Dementia in Scotland: Everyone's story](#) - [dementia statistics](#)

- [The state of health and health inequalities in Scotland](#)

- [Inequalities in dementia - literature review by CQC](#)

- [Equalities Considerations for Housing, Homelessness, Health, and Care](#)

- [Racial inequality and mental health services](#)

- [The Promise](#)

- [Care experienced people's rights and the Scottish Human Rights Bill](#)

- [Iriss Insight- Born into Care](#)

- [Care experienced people's rights](#)

- [Children's health in care in Scotland](#)

- [Child poverty - Black and minority ethnic children](#)

- [Disabled people's rights in Scotland](#)

- [Implementation of the UN Convention on the Rights of Disabled People (UNCRPD)](#)

- [ELC provision for children with learning disabilities in Scotland](#)

- [Human rights issues facing people with learning disabilities](#)

- [The General Pharmaceutical Council](#)

- [The unequal impact of Covid-19](#)

- [Equality and Human Rights Monitor 2023: Is Scotland Fairer?](#)

- [Equality Evidence Finder](#)

- [Programme for Government](#)

- [SSSC workforce data](#)

- Equalities and Human Rights Commission (EHRC): Regulators and Scrutiny Bodies PSED improvement webinar

- Scottish Government's roundtable events with Public Sector Equality Duty (PSED) duty bearers

Care Inspectorate publications:

- [Thematic review of self-directed support in Scotland](#) (June 2019)

- [The Care Inspectorate's role, purpose and learning during the Covid-19 pandemic](#) (August 2020)

- [Review of findings of joint inspection of services for children and young people 2018-2020](#) (September 2020)

- [Delivering care at home and housing support services during the COVID-19 pandemic](#) (September 2020)

- [Early Learning and Childcare Report: Our Role, Purpose and Learning during the Covid-19 pandemic](#) (March 2021)

- [Triennial Review of Initial Case Reviews and Significant Case Reviews (2018-2021): Impact on Practice](#) (June 2021)

- [The Care Inspectorate's Scrutiny And Support Of Adult Social Care During The Covid-19 Pandemic](#) (July 2021)

- [Community Justice Social Work: Throughcare Review](#) (September 2021)

- [Justice overview report 2018-2021](#) (December 2021)

- [The joint inspection of adult support and protection interim overview report – Emerging key messages](#) (May 2022)

- [Inquiry into adult carers' experiences of social work and social care services](#) (December 2022)

- [Triennial review of initial case reviews and significant case reviews for adults (2019-2022)](#) (January 2023)

- [Joint review of diversion from prosecution](#) (February 2023)

- [Technology enabled care](#) good practice guide (February 2023)

- [Position paper - Depriving and restricting liberty for children and young people in care home, school care and secure accommodation services](#) (June 2023)

- [Early learning and childcare: Recovery play survey report](#) (August 2023)

- [Joint Inspection of adult support and protection overview report](#) (August 2023)

- [Care Home Report: Key Themes from Our Work Completed In Registered Care Home Services For Adults And Older People Between 1 April 2020 And 31 December 2022](#) (September 2023)

- [Secure care pathway review](#) (September 2023)

- [Children's Rights report April 2022 – March 2023](#) (October 2023)

- [Cross border thematic review](#) (July 2024)

Our equality outcomes April 2025 - March 2029

We have identified, through wide consultation and reviewing the evidence, the issues we need to address over the next four years through our new equality outcomes. Our equality outcomes cover all the protected characteristics except marriage and civil partnership, this is because the evidence review did not show this was an area of systemic, significant, and persistent inequality.

We have mapped our outcomes to the respective general duties. We will share our annual equalities progress report to the board in April 2026 and publish our next equalities mainstreaming report in April 2027.

Equality outcome 1

By 31 March 2029, we will support regulated care services to create safe, inclusive spaces—including babies, infants, children, young people, and adults can express their voices and be actively listened to. We will pay particular attention to all forms of communication, including non-verbal communication such as body language, vocalisations, and facial expressions. Through observation and reporting on these meaningful interactions, we will gather evidence to evaluate how effectively services engage with individuals. This will allow us to assess whether services respect dignity, meet diverse needs, and respond meaningfully to communication and feedback, ensuring that people's voices influence decisions about their learning, development, care, and support.

We will actively share and learn from good participatory practices across all age groups, ensuring that everyone's voice including often 'hidden voices' are heard, valued, and respected. This commitment extends beyond children and young people, recognising that older adults, people with communication barriers, and other marginalised groups also need tailored approaches to ensure their voices are fully included in decision-making.

Inequality

We recognise the significant and intersecting inequalities faced by some babies, infants, children, and young people, including those who are disabled from ethnic minority backgrounds, or who experience other forms of inequality. The unique needs and voices of our youngest children, who may not yet use words, deserve specific attention.

Activities

- Share and learn from good participatory practices across all age groups through our Participation Community.

- Focus on good participatory practices to amplify hidden voices across all age groups, including those highlighted in equality outcomes 2, 3, and 4, as these groups often experience barriers to being heard.

- Enhance inspection processes, ensuring child perspectives are integrated into regulatory practices and valued in feedback.

- Align efforts with participation, equalities, the United Nations Convention on the Rights of the Child (UNCRC), corporate parenting, national best practices such as the LUNDY model, and upholding Health and Social Care standards.

- Develop specific self-evaluation, practice notes, social stories to support voice/ feedback.

- Amplify voice through our inspection role e.g. joint statements on restrictive practices, our inspection reports.

- Empower those we work with to actively involve infants, children, and young people in decisions that directly impact their lives.

- Deliver the commitments in our 2024 – 2027 Children's Rights, Care Experience and Corporate Parenting plan.

- Connect and commit to the [Promise 2024-2030](#) five foundations scaffolding, [Scrutiny and Inspection.](#)

- Work with providers to ensure that infants, children, and young people are raised in safe, loving, and supportive environments.

- Deliver specific webinars to the sector on voice/ feedback/ participation.

- Deliver quality conversations to the sector on voice/ feedback/ participation.

- Use Short Observational Framework for Inspection (SOFI and SOFI2) to capture the experiences of individuals who may be verbal or non-verbal and 'hear' their voice.

- Test the use of Makaton on inspection.

- Continue to use Picture Exchange Communication System (PECS), Talking Mats, and Sign Language.

- Share resources and tools to support the understanding and implementation of the UNCRC principles, promise workstream 1.

- Establish regular feedback loops where young people can share their experiences and suggestions.

- Develop the use of surveys, focus groups, and digital platforms to gather data from a wide range of young people.

- Promote practices that build trust and encourage open communication.

- Highlight success stories and good practice to inspire professionals and providers.

- Create guidance for recognising and valuing different forms of expression.

Outputs

- Develop self-evaluation toolkits, practice notes, social stories, and guidance.

- Issue joint statements where appropriate to do so.

- Inspection reports that include voice and importance of participation.

- Raising awareness/ confidence with the sector:

    o webinars

- quality conversations

- focus groups

- sharing success stories and good practice through our communications including The Hub.

Measuring progress

- Measure progress against our relevant frameworks (regulated and strategic).

- Attendance at and evaluation of all webinars.

General duty

- advance equality of opportunity between people who share a relevant protected characteristic and those who do not

- foster good relations between people who share a protected characteristic and those who do not.

Equality outcome 2

By March 31, 2029, we will support regulated care services to provide equitable, culturally sensitive social care for individuals from diverse ethnic backgrounds.

This will include disabled people, and lesbian, gay, bisexual and trans (LGBT+) people across different age groups, improving their wellbeing and access to respectful, high-quality care. Our goal is to foster culturally competent, equitable, inclusive care where diversity is protected, respected, and upheld.

Inequality

In Scotland, social care inequalities vary by ethnicity, including for the Gypsy Traveller community, affecting access and quality of care. Barriers like language differences, cultural misunderstandings, and underrepresentation in care staff often reduce care quality. These challenges are compounded for people with disabilities, mental health conditions, or learning disabilities.

Disabled individuals from ethnic minorities face systemic inequities, language barriers, and a lack of culturally sensitive care. Similarly, LGBT+ older adults may feel unsafe in care settings, while younger LGBT+ individuals report inclusion challenges. People with overlapping protected characteristics, such as LGBT+ individuals with disabilities or older ethnic minorities, often face compounded discrimination and barriers.

Activities

- Work together to get it right for culturally diverse groups at registration.

- Develop culturally sensitive care guidance to explain how protected characteristics intersect with care needs (for example, around choice and religious, cultural, faith, and social needs).

- Conduct anti-racism training (in collaboration with Coalition for Racial Equality and Rights and others) and build this into our core learning/ induction.

- Support Scottish Care where appropriate in their efforts in addressing systemic inequalities in social care, ensuring that diversity, fairness, and inclusion are central to the sector's future.

- Signpost to advocacy resources and culturally sensitive care guidelines.

- Continue to engage with people with lived experience through our community engagement work to help inform our work and inform our impact assessments.

Outputs

- Develop and share guidance on culturally responsive care practices.

- Deliver anti racism training to Care Inspectorate staff.

Measuring progress

- Track completion rates and feedback from anti-racism modules.

- Measure staff knowledge increases through pre and post-training surveys.

- Measure progress in complaint reduction and quality improvements related to culturally sensitive care practices.

General duty

- eliminate unlawful discrimination, harassment and victimisation

- advance equality of opportunity between people who share a relevant protected characteristic and those who do not

- foster good relations between people who share a protected characteristic and those who do not.

Equality outcome 3

By March 31, 2029, we will enhance our Meaningful Connections (with family, friends, staff, animals, wider communities which add value and meaning to life) work for individuals living in adult and older people's care homes and non-residential services.

This commitment empowers individuals, especially those from marginalised groups, including older age and disabled people, to maintain vital relationships, actively participate in public life, and engage in activities meaningful to them. Recognising the profound impact on individuals' physical, mental, and emotional well-being, the initiative will support meaningful interactions that reflect and respect each individual's unique needs and identities, enhancing their sense of purpose and uphold human rights to private and family life. We are also committed to safeguarding these essential relationships and upholding each individual's rights and dignity, ensuring they are respected even in exceptional circumstances.

Inequality

We believe everyone deserves world-class care, regardless of protected characteristics, life circumstances, or life stage. However, research from the pandemic and beyond has identified unique challenges faced by older adults living in care homes—many of whom are a living with disabilities (approximately 65% of care home population in Scotland are living with dementia and many have hearing and/or visual impairment which can affect ability to communicate and connect). Some also do not have English as a first language. This does not exclude other factors which impact on people's opportunities and abilities to connect meaningfully with others especially in relation to their right to meaningful connection, visiting rights and engagement. Women are generally a majority in older people's care homes. This does not necessarily mean women are disadvantaged but we need to be aware of their specific needs. Disability/age are the most pertinent characteristics in these settings.

Activities

- Meaningful connection work e.g. practice development group arrange the online event.

- Promote the two new health and social care standards to increase knowledge as there is still a lack of awareness.

- Promote and publicise open badges on meaningful connection.

- Conduct targeted training sessions on ensuring meaningful connections in care homes, including webinars/ podcasts focused on meaningful connection and living with dementia.

- Promote and increase staff confidence in using SOFI (six new adult trainers, and six ELC currently undergoing "train the trainer" training) through a Teams channel and a new intranet page with FAQs etc.

- Update the Care about Rights Videos in conjunction with Scottish Care and Scottish Human Rights Commission.

- Increase knowledge and awareness of meaningful connections internally, gauge via a survey.

- Ensure we are involving people with experience of care in our impact assessments.

- Deliver corporate induction to ensure knowledge and awareness in new inspectors.

- Continue our community engagement work to hear lived experience.

- Develop a dedicated section on equalities part of the Care Inspectorate website and Hub with resources promoting best practices for meaningful connection and link to the current resources on the meaningful connection web page.

- Create an online participation community for older adults and carers to share experiences and feedback to inform our work.

- Develop intranet resources to educate staff on the PANEL (Participation, Accountability, non-discrimination and equality, Empowerment, and Legality) and FAIR (Feedback, Assessment, Interventions, and Review) frameworks, meaningful connection resources e.g. this factsheet and a section in our forthcoming good practice guidance.

- Promote PANEL and FAIR externally, non-discrimination and equality and sharing examples of good practice.

- Continue to deliver the Care Home Improvement Programme to integrate best practices that foster engagement and connection.

- Conduct quality conversations.

- Run training programmes for staff to recognise and respect diverse identities and experiences e.g. LGBT+ community.

- Use technology and other innovative solutions to facilitate communication and interaction/TEC improvement programme.

- Support voting rights for older people living in care homes and care-experienced young people.

Outputs

- Meaningful connection conference.

- Share good practice guidance for adults and older peoples care homes and non - residential services.

- Our Methodology/ Quality Frameworks.

- An intranet page featuring PANEL/FAIR frameworks.

- Resources and guidance to assist care home providers, staff, residents, and their families in understanding and facilitating meaningful connections. These resources include fact sheets, webinars, posters, podcasts, and Open Badges designed to enhance staff competencies in supporting residents' social interactions.

- Meaningful Connections Conference.

- Care Home Improvement Programme delivery and materials.

- Webinars and corporate induction sessions focusing on equality, voting rights, and diverse populations (e.g., asylum seekers, minority ethnic, Roma).

Measuring progress

- Increased knowledge from the care sector, people experiencing care, families, Care Inspectorate staff.

- Reduced complaints about wellbeing.

- Track engagement metrics on the website, Hub, and online participation community.

- Use surveys to measure perceived inclusivity and utility of resources from staff and people experiencing care.

- Pre and post-training assessments to gauge knowledge of FAIR principles among staff.

- Corporate induction evaluation.

- Monitor and review complaints related to engagement and human rights, measure reduction over time.

General duty

- eliminate unlawful discrimination, harassment and victimisation

- advance equality of opportunity between people who share a relevant protected characteristic and those who do not

- foster good relations between people who share a protected characteristic and those who do not.

Equality outcome 4

By 31 March 2029, we will support individuals living with dementia in regulated social care settings across Scotland to receive equitable treatment and high-quality care and support.

Through collaborative partnerships, compassionate inspections, and targeted quality improvement initiatives, we will scrutinise and support social care providers to address and reduce intersecting inequalities. Our commitment is to help foster a social care environment where every individual's unique needs and circumstances are protected, respected, and upheld.

Inequality

People living with dementia in Scotland often face stigma and can experience multiple, intersecting inequalities related to age, race, disability, sex, sexual orientation, gender reassignment, and other life circumstances. These overlapping inequalities can increase their isolation and lead to further disadvantage and discrimination, resulting in poorer outcomes in terms of care and support.

Activities

- Internal Dementia Practice Development Group work to understand stigma and intersecting inequalities and share this with the Care Inspectorate workforce and the sector.

- Share information about people living with dementia experiencing stress and distress via annual returns (suggest questions for 2025 and 2026).

- Work with NHS Education for Scotland on ensuring Care Inspectorate staff have access to appropriate Promoting Excellence Framework dementia learning resources and that these resources include a focus on equality.

- Work through a short life working group and with the invitation of contributions from the Scottish Dementia Working Group and unpaid carer organisations such as National Dementia Carers Action Network and the Scottish Government lived experienced panel. This will establish what good and equitable care and support looks like and hear views from those with lived experience and their unpaid carers, and use this to inform our work.

- Create self-evaluation tools for services to test and implement.

- Collaborate with providers and partners to identify and address specific needs, including language support for non-English speakers.

- Create a dedicated hub page to provide information and resources on equitable care for people living with dementia.

- Host awareness days and use social media to raise awareness and reach a broader audience.

- Contribute to the regular Care Inspectorate provider updates to share best practices and new resources.

- Continue partnership-building efforts with Scottish Social Services Council (SSSC), Healthcare Improvement Service (HIS), and other relevant organisations to provide support for people living with dementia and unpaid carers.

- Collaborate with external partners, such as SSSC, to promote open badges for dementia care skills

- Facilitate partnerships with relevant organisations to expand support options for people living with dementia.

- Strengthen data systems to capture detailed information on care delivery, outcomes, and disparities, using this data to drive improvement initiatives.

Outputs

- Develop improvement resources through the Dementia Practice Development Group to address stigma and inequalities.

- Develop comprehensive guidance on how the health and social care standards relate to dementia services, focusing on personal outcomes and human rights.

- Create a dedicated hub page for professionals and providers to access to increase understanding of what equitable care for people living with dementia looks like.

- Develop Easy Read and accessible information for people to engage with.

- Guide Care Inspectorate staff to appropriate Promoting Excellence resources.

- Signpost providers to appropriate Promoting Excellence resources.

- Continue providing and promoting SOFI training.

- Create structured channels for involving individuals with dementia, their families, and caregivers in shaping regulatory / quality improvement practices.

Measuring progress

- Increased staff knowledge e.g. through podcasts/ count views.

- Evaluation data from QI programmes.

- Work with the SOFI trainer group to ensure that SOFI training sessions include discussions about equality (this is already part of SOFI training, but we could strengthen it without diverging from the prescribed Bradford University content).

- Monitor website traffic and engagement on the dementia hub page/ count views.

- Track engagement metrics for social media campaigns and awareness days (e.g., reach, shares).

- Gather provider feedback to assess the impact on their practices.

- Track participation rates in training sessions for Care Inspectorate workforce and providers.

- Assess Care Inspectorate staff's increased knowledge through post-training surveys and feedback.

- Gather feedback from unpaid carers network members to gauge perceived support improvement.

- Evaluate collaborative partnerships with SSSC and other organisations through feedback and case studies.

- Reduce complaints about stress and distress for people experiencing care.

- Gather customer satisfaction questionnaires (CSQs).

General duty

- eliminate unlawful discrimination, harassment, and victimisation

- advance equality of opportunity between people who share a relevant protected characteristic and those who do not

- foster good relations between people who share a protected characteristic and those who do not.

Equality outcome 5

By March 31, 2029, we will work towards building a workforce that better reflects the diversity of the communities we serve, listening to lived experiences and adopting a trauma-informed approach to foster an inclusive and supportive environment.

We will prioritise increased representation of disabled people (to 15.0%) and people from diverse racial and ethnic backgrounds (to 2.5%). We foster a culture where all employees feel valued, fostering a sense of belonging that enhances wellbeing, innovation, and collaboration. We will create an inclusive environment where individuals of all backgrounds including people with protected characteristics such as race, sex, sexual orientation, and disability can thrive and actively participate in our various employee networks.

Inequality

Our workforce currently lacks sufficient representation of individuals living with disabilities (14.85%) and from diverse racial backgrounds (1.69%).

Activities

- Change the online application form for Care Inspectorate vacancies.

- Continue to use the Scottish Credit and Qualification Framework (SCQF) inclusive recruiter which uses SCQF levels in recruitment instead of specific qualifications.

- Strategies to increase accessibility in line with our Disability Confident plan

- Support recruiting managers to feel more confident in making recruitment decisions, understanding, and reducing bias.

- Foster collaboration across employee networks, the wider organisation, and leadership to strengthen inclusivity and hear lived experience.

- Partner with CRER, Council of Ethnic Minority Voluntary Sector Organisations, Inclusion Scotland, Glasgow Disability Alliance, and similar organisations to advance equity, anti-racism initiatives, and workforce diversity.

- Implement the Disability Confident and Equally Safe at Work frameworks to improve inclusive hiring and retention practices.

- Organise intersectional events to amplify lived experiences and encourage meaningful dialogue.

- Involve diverse employee networks in impact assessments and human resources (HR) policy consultations to ensure authentic representation.

- Embed anti-racism, inclusivity, trauma-informed practices, and other key themes in induction and training programmes, informed by the Corporate Equalities Group.

- Share regular updates through targeted communications, intranet articles, and organisation-wide events.

- Strengthen community engagement by collaborating with equalities teams, carers' centres, and relevant organisations to ensure diverse participation.

- Establish new employee networks to address emerging needs and support underrepresented groups.

- Promote equity as a core value through awareness campaigns and practical actions.

- Assess structural barriers and systemic racism within the organisation, integrating findings into the corporate plan.

- Pilot innovative mentoring programmes, including reverse mentoring, to educate leaders on diverse experiences and foster inclusive leadership.

- Facilitate learning sessions for leaders and managers to improve understanding of equality, diversity, and inclusion.

- Encourage employees to complete equalities data surveys to enhance monitoring and action on diversity metrics.

- Ensure leadership development programmes prioritise inclusivity and equitable workplace practices.

- Strengthen efforts to create an inclusive culture by embedding anti-racism and equalities commitments at all levels.

- Review core learning requirements to align with regulatory responsibilities and workforce needs.

- Expand Equality, Diversity, and Inclusion (EDI) learning opportunities, including anti-racism and accessibility training.

- Develop the staff survey action plan in partnership with employees, focusing on improving the employee experience.

- Support hybrid working impact assessment outcomes, enhancing accommodations for individual needs.

- Launch the leadership and management framework alongside supporting activities.

- Promote equality, inclusion, and belonging through core values in practice.

- Establish mechanisms to share knowledge, celebrate successes, and showcase positive outcomes of living organisational values.

- Use the LEAD framework to set and achieve equality-focused goals.

- Implement a wellbeing action plan addressing the needs of diverse groups.

- Increase the number of volunteer recruitment campaigns to increase the diversity of our volunteer workforce.

- Focus on targeted stakeholder engagement during future volunteer recruitment campaigns to build connections, raise awareness, and promote participation opportunities.

- Improve our equalities monitoring for volunteers, including asking existing volunteers to refresh their equalities information.

- Use Power Bi analytics programme to strengthen our equalities reporting.

- Develop an Easy Read version of our volunteer application form that is accessible for people living with a learning disability.

Outputs

- Workforce diversity information (applications, shortlisted, successful, retention rates by protected characteristic).

- Develop trauma-informed Terms of Reference, action plans, communications plans for all employee networks.

- Hold an annual intersectional annual event with our networks.

- Impact assessments where employee networks have been consulted.

- Community engagement work.

- Staff survey results around inclusion (by protected characteristic).

- Wellbeing action plan, focus on areas of interest such as women's reproductive health and men's mental health.

- Human Resources policies.

- Achieve; Level 3 Exemplary Carer Positive Award, Disability Confident Level 3 (by February 2025), Equally Safe at Work Development Tier, LGBT Youth Scotland Foundation Award.

Measuring progress

- Analyse staff survey results to assess increased satisfaction, inclusion, and representation.

- Track participation in trauma-informed training, intersectional events, and reverse mentoring.

- Measure changes in workforce diversity demographics and representation, focusing on individuals with disabilities and from racial minorities.

- Review feedback on inclusive practices through the Corporate Equalities Group and impact assessments.

- Number of HR policies consulted on with networks.

- Progression with relevant employee network action plans.

- Track improvements in applications, short-listing, appointments, retention, and engagement of underrepresented groups.

- Reduce complaints related to discrimination or harassment.

General duty

- eliminate unlawful discrimination, harassment and victimisation

- advance equality of opportunity between people who share a relevant protected characteristic and those who do not

- foster good relations between people who share a protected characteristic and those who do not.