



Our approach to Solving inequity in **stroke**

Rebuilding lives after stroke

Stroke
Association

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Our commitment

Stroke can strike anyone. And the experience of stroke is as unique as we are. We need to understand how identity and lived experience affects lives before and after stroke. Only then can we be sure that every person affected by stroke gets the help they need to live the best life they can. Our charity has not been a leader in this space. In fact we've been quite quiet. But we are ready to act.

When stroke does strike, it doesn't discriminate. But people, organisations, and systems do. People affected by stroke can be without the information, treatment, and lifelong support they need. Some communities are more at risk of stroke, and often have poorer experiences with the health and social care system too. This includes reduced access to advice, treatment, rehabilitation, and support, which leads to worse outcomes. This is not good enough. We need to make changes in our own systems, processes and practices. We need to use our voice to challenge prejudice. And we have to play our part in dismantling systemic discrimination.

This document sets out our commitment to strategic and decisive action. Whether you're affected by stroke, volunteer or work with us, or support and partner with us, we need your help. We can only achieve justice and equity for every person affected by stroke if we work together.



Signed:

A handwritten signature in black ink, appearing to read 'Stephen King'.

Stephen King,
Chair of Trustees

A handwritten signature in black ink, appearing to read 'Juliet Bouverie'.

Juliet Bouverie,
Chief Executive

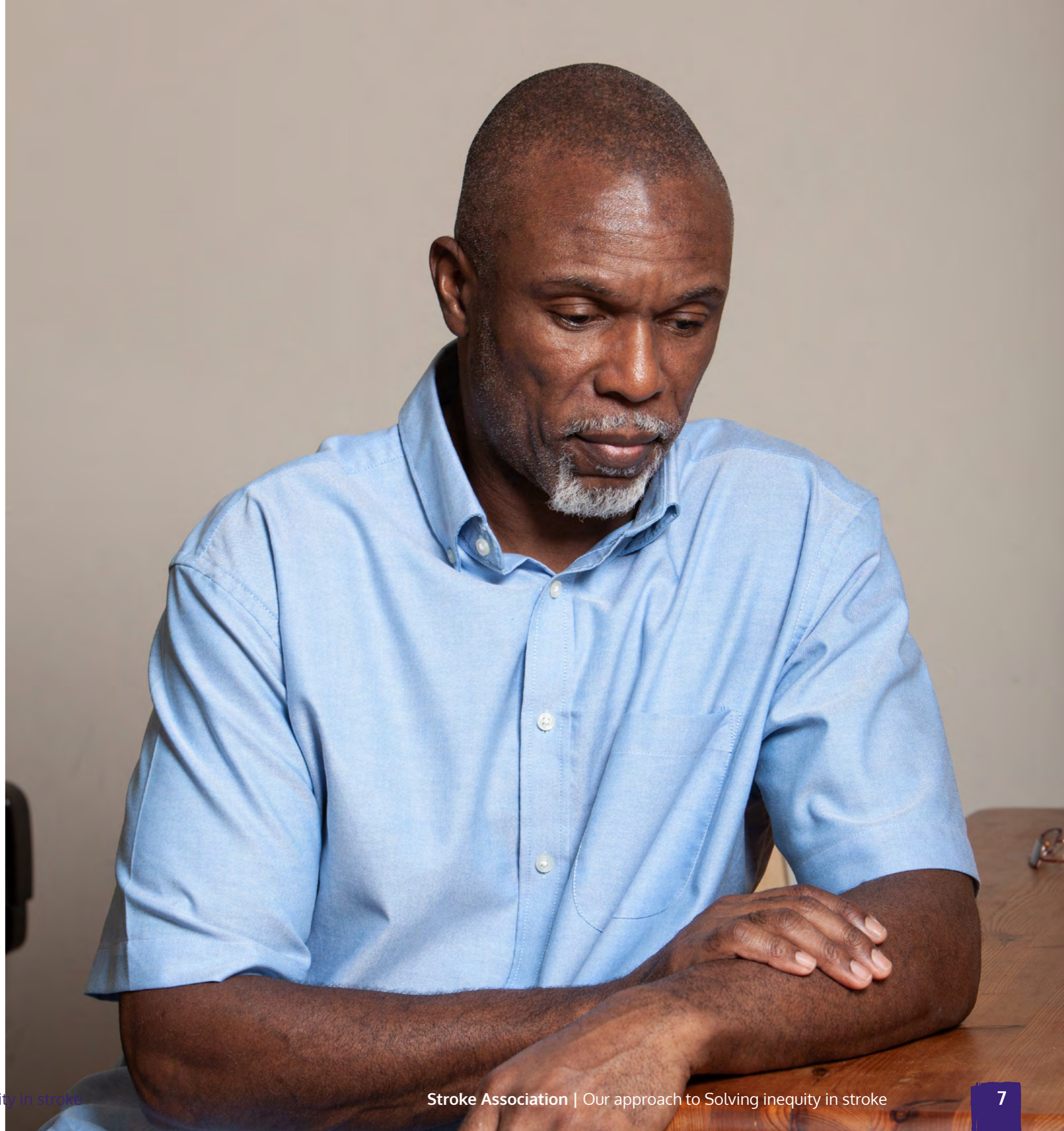


Our intentions

We have created this approach to challenge ourselves to do better for everyone affected by stroke, our people, and everyone we work with. It will help us to identify ways of working and actions that will address inequality, exclusion, and discrimination. It also helps by being explicit about these barriers and the problems they cause.

Our approach brings together our teams working on health inequalities, accessibility, and diversity and inclusion. This means we can take into account the many different ways that people are disadvantaged by prejudice and systemic exclusion. Applying this approach means that we can make changes in our charity, and across the whole stroke care pathway.

It will help us to improve the diversity in our charity. It will mean that we focus on accessibility and inclusion to bring in new people with the lived experience and expertise to improve our impact. It will also mean that we can be sure everyone has the opportunity to succeed in our charity. Through the lens of fairness, equity, and justice we will be able to get to the root cause of the barriers in our way and create solutions that meet the needs of those we work with. This approach means that we can overcome those barriers and improve the lives of our people, and everyone affected by stroke.





Our pillars

Four pillars guide our approach to solving inequity in stroke. Each team and project will apply these pillars in different ways. But they have equal importance, and should all run through every area of our work. They are:

1. Improving our services and influencing
2. Forming equitable partnerships
3. Building trust and credibility
4. Developing our people and leadership

Our pillars will help us to plan and measure the impact of our work.

We are
human

We believe
in better

We give
our all

We say it
how it is

Pillar One:

Improving our services and influencing

Our Commitment. We will work with diverse communities to shape our work. This includes the support we offer as well as how we influence changes to the system. We will do this so every person affected by stroke can achieve the best outcomes.

We support people affected by stroke in different ways, taking into account both their stroke and any other health conditions they might live with. We provide a variety of support services to help people rebuild their lives after stroke, and we work to influence change in the wider health and social care system. But, we know that we haven't always developed 'what we do' with the diverse communities that our work impacts. We could do more to address the needs of black people and disabled people affected by stroke, for example. If what we do, and how we do it, is not relevant to the experiences of all stroke survivors, then we cannot make our vision a reality.

To make our vision a reality, we will improve the quality and scope of our knowledge so that we understand the needs and lived experiences of diverse stroke survivor communities. This will help us to identify and make improvements to our own support. We will also need to be stronger advocates for reducing health inequalities throughout the stroke pathway.



Pillar Two:

Forming equitable partnerships

Our Commitment. We will partner with others who share our commitment to solving inequity in stroke. And we will challenge those who don't.

The way we work impacts the people we support, the people and partners we work with, and our own staff and volunteers. The people and partners we work with include NHS services, commissioners, communities, suppliers, and researchers to name a few. We haven't always done enough to make sure that the work we do in partnership is inclusive and equitable. This means that some of the partners and collaborators we work with may not share our values or our commitment to justice and equity.

To make our vision a reality, we will review our ways of working in partnership. This means being clear about what we expect from our partners, as well as how we will behave and work with them. We will develop relationships with diverse communities where we're working with, not doing to, them. Being clear about accountability and where we get it wrong will mean that we're able to authentically hold others to account too. We will need to be vocal about our commitment to sharing power and amplifying those doing the best work to support everyone affected by stroke.



Pillar Three:

Building trust and credibility

Our Commitment. We will learn from the experiences and needs of our people, and everyone affected by stroke through meaningful involvement. This will shape what we say, how we say it, how we behave and what we do to meet the needs of diverse communities and individuals.

People affected by stroke, our staff, and our volunteers, are diverse. They may belong to discrete communities or share a lived experience. We know that prejudice, bias, and discrimination impact these communities differently. The way we talk about stroke, the support we offer, and the way we work with people affected by stroke influences whether people feel safe, comfortable, and welcome when working with our charity. A lack of diversity means that we often don't get it right.

To make our vision a reality, we will need to listen to, and learn from, the experiences of everyone affected by stroke, our staff, and our volunteers. This will include developing our understanding of how different communities talk about stroke and think about the health and social care system. Meaningful user involvement, including co-design, will be vital. And we'll need to use what we learn to make sure that we reflect the diverse experiences and needs, of everyone affected by stroke. We'll need to change what we say and how we say it in many areas of our work so that we strengthen, rather than undermine, people and communities' trust in us.



Pillar Four:

Developing our people and leadership

Our Commitment. We will build an inclusive workplace and attract the best talent from diverse communities. We will enable and empower our people to develop with us and lead the work we do with people affected by stroke.

People affected by stroke are as diverse as the UK population. But the people who work and volunteer with us don't reflect that diversity of experience in who we are or the way we work. Our charity doesn't do enough to attract people from diverse backgrounds, including those affected by stroke, to work or volunteer with us, or to stay and develop in their career. This means we struggle to create a workplace where every person who works or volunteers with us feels comfortable, and able to reach their potential. We lack diversity at all levels in our charity and this means we miss crucial perspectives when we make decisions. It also means our current ways of working don't benefit from the lived experience and expertise that would help us to further innovate and progress. Without diversity of identity and lived experience we struggle to develop the very best information, services, and support for everyone affected by stroke.

To make our vision a reality, we will focus on improving our people practices and policies to develop an inclusive and empowering workplace culture. We will develop our recruitment approach to attract the very best talent to work and volunteer with us. And develop the talents of our people to achieve more for people affected by stroke. This includes making sure that stroke survivors, and anyone living with any other health condition, are able to unleash their potential here too. For this to be meaningful and have a positive impact, we will need to change how we recruit new people, improve the training, development, and support available to our people, and prioritise creating an inclusive, safe, and empowering workplace that embraces difference and celebrates diversity.



We will hold ourselves accountable

Our Commitment. We will embed our approach in all areas of our work. We will report each year on the progress we make. And, we'll be open about how we measure our progress, involving our people in the process.

Our values and strategic principles guide our approach to justice and equity. We will measure ourselves by the difference we make, rather than the work we do. We will take responsibility for the decisions we make along the way, and the impact they have.



We will focus on expertise - including lived experience - over the position someone might hold. We will make sure that our work is authentic and impactful. And we will hold ourselves to account and be transparent about when we do, and don't, succeed.

Everyone who works or volunteers here has a part to play in creating an inclusive and empowering Stroke Association. We're all accountable for making progress towards achieving justice and equity.



Our staff and volunteers helped to inform this work, and will be crucial in changing how we work and who we work with.



Our inclusion and involvement networks will challenge us to be ambitious. And continue to develop and use their voices to support this work.



Our expert teams will continue to support our charity to plan for and embed change across our work. This includes our Accessibility Team, our Health Inequalities Team, and our Equality, Diversity, and Inclusion Team.



Our senior leadership teams will champion this work, lead by example and hold us to account. This includes our executive team, our CEO and our Board of Trustees



When stroke strikes, part of your brain shuts down.

And so does a part of you. That's because a stroke happens in the brain, the control centre for who we are and what we can do. It happens every five minutes in the UK and changes lives instantly. Recovery is tough, but with the right specialist support and a ton of courage and determination, the brain can adapt. Our specialist support, research and campaigning are only possible with the courage and determination of the stroke community. With more donations and support from you, we can rebuild even more lives.

Donate or find out more at stroke.org.uk

Contact us

We're here for you. Contact us for expert information and support by phone, email and online.

Stroke Helpline: **0303 3033 100**

From a textphone: **18001 0303 3033 100**

Email: helpline@stroke.org.uk

Website: stroke.org.uk

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