EQUALITY, DIVERSITY, INCLUSION AND HUMAN RIGHTS POLICY

Person-centred care, fair employment and rights-respecting practice

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Our commitment

We will promote equality, remove avoidable barriers, respect identity and individuality, make reasonable adjustments, protect human rights and act promptly when discrimination, harassment, victimisation or exclusion occurs. This commitment applies equally to people who use our services, their families and representatives, our workforce and everyone with whom we work.

Approved and authorised by **Kudzai Chibamu** Director and Registered Manager Date: 15 June 2026	 *Authorised signature*

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1. Purpose and objectives

This policy sets out how Tamney Healthcare Ltd promotes equality, values diversity, advances inclusion and protects human rights in every aspect of our work. It explains the standards expected when we assess, plan, deliver, review and end care and support, and when we recruit, manage, develop and support our workforce.

The objectives of this policy are to:

- provide fair, safe and equitable access to our services and employment opportunities;
- identify and remove barriers that may disadvantage people because of disability, identity, background, communication need or personal circumstances;
- deliver personalised care that respects each person's culture, faith, beliefs, relationships, sexuality, gender identity, routines, choices and aspirations;
- make effective and timely reasonable adjustments, including adjustments to communication, digital systems, working arrangements and care delivery;
- prevent direct and indirect discrimination, harassment, sexual harassment, bullying, victimisation, discriminatory abuse and hate incidents;
- support people to understand and exercise their rights, make informed decisions and participate in their care and in community life;
- create a fair and inclusive workplace in which decisions are based on legitimate role requirements, competence, performance and conduct;
- provide clear routes for raising concerns, making complaints and obtaining support without fear of retaliation;
- monitor access, experience and outcomes so that inequalities are identified, addressed and reviewed; and
- demonstrate accountable leadership, lawful practice and continuous improvement.

Equality and equity

Equality means that people are treated fairly and are protected from unlawful discrimination. Equity recognises that people do not always start from the same position and may require different support, adjustments or resources to achieve comparable access, experience and outcomes.

2. Scope and application

This policy applies to all activities carried out by or on behalf of Tamney Healthcare Ltd, including care delivery in people's homes, assessments, reviews, office-based and remote contact, recruitment, training, supervision, digital communication, partnership working, purchasing, commissioning relationships and any work undertaken by contractors or subcontractors.

It applies to:

- people who use, seek to use or are referred to our services;
- family members, unpaid carers, advocates, attorneys, deputies, representatives and visitors;
- job applicants, employees, workers, agency personnel, volunteers, students and apprentices;
- directors, managers, clinical or professional advisers, contractors, suppliers and partner organisations; and
- interactions between staff, between staff and people using services, and with third parties.

The policy covers access to services, assessment, acceptance or refusal of referrals, care planning, allocation and matching of staff, delivery of personal care, communication, review, complaints, safeguarding, service suspension or termination, recruitment, selection, induction, pay, training, promotion, supervision, performance management, discipline, grievance, redundancy and dismissal.

Where another policy gives more detailed procedures, this policy remains the overarching standard. No local practice, instruction or custom may reduce the protections set out here.

3. Definitions

Term	Meaning in this policy
Equality	Fair treatment, equal protection and equal opportunity, taking account of legal rights and relevant differences.

Term	Meaning in this policy
Equity	Taking proportionate action to remove barriers and reduce avoidable differences in access, experience or outcomes.
Diversity	The range of differences between people, including identity, background, experience, thought, ability, communication and circumstance.
Inclusion	Creating conditions in which people are welcomed, respected, able to participate and able to influence decisions that affect them.
Human rights	The basic rights and freedoms protected by law, including life, freedom from inhuman or degrading treatment, liberty, private and family life, thought, conscience, religion, expression and freedom from discrimination in the enjoyment of rights.
Reasonable adjustment	A change to remove or reduce a substantial disadvantage experienced by a disabled person. The duty is anticipatory for service providers and applies to physical features, policies, practices, information, communication and auxiliary aids.
Direct discrimination	Less favourable treatment because of a protected characteristic, including in many circumstances because of association with someone who has the characteristic or because the characteristic is perceived.
Indirect discrimination	A provision, criterion or practice applied to everyone that places people sharing a protected characteristic at a particular disadvantage and cannot be objectively justified.
Harassment	Unwanted conduct related to a relevant protected characteristic that has the purpose or effect of violating dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment.
Sexual harassment	Unwanted conduct of a sexual nature that has the purpose or effect of violating dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment.
Victimisation	Subjecting a person to a detriment because they have raised, supported or are believed to have supported a complaint or other protected act under equality law.
Discriminatory abuse	Abuse motivated by prejudice or hostility related to identity, disability, age, sex, sexual orientation, gender reassignment, race, religion or belief, or another personal characteristic.
Fair exit	A lawful, transparent and non-discriminatory process when care or employment ends, with reasonable notice, accessible communication, risk management and continuity planning where required.

4. Policy principles and commitments

Our approach is based on the following principles:

Principle	What it means in practice
Personhood and individuality	We see and support the whole person, not a diagnosis, age, disability, task list or stereotype.
Fair access and fair exit	Decisions about starting, changing or ending a service are based on assessed needs, safety, lawful criteria and our ability to deliver, not prejudice or convenience.
Voice, choice and control	People are supported to express what matters to them, understand options, make decisions and influence how support is provided.
Strengths and independence	We recognise abilities, relationships, community assets and potential, and avoid creating unnecessary dependence.
Dignity and privacy	Personal care, communication and records are handled respectfully, sensitively and confidentially.

Principle	What it means in practice
Reasonable adjustment and accessibility	We anticipate barriers, make adjustments promptly and do not wait for a crisis or formal complaint.
Least restrictive practice	Any limitation on rights, contact, movement or choice must be lawful, necessary, proportionate, time-limited and reviewed.
Zero tolerance of abuse	Discrimination, bullying, harassment, victimisation, sexual harassment, hate incidents and discriminatory abuse are acted upon.
Workforce fairness	Employment decisions are evidence-based, consistent and free from unlawful bias.
Accountability and learning	We record decisions, analyse concerns and outcomes, involve people in improvement and test whether actions have worked.

5. Legal, regulatory and good practice framework

We will comply with applicable legislation and statutory guidance. The key framework includes the following, as amended or replaced from time to time:

Law or standard	Relevance
Equality Act 2010	Protected characteristics, prohibited conduct, equal pay, service-provider duties and reasonable adjustments.
Worker Protection (Amendment of Equality Act 2010) Act 2023	Positive employer duty to take reasonable steps to prevent sexual harassment of workers.
Human Rights Act 1998	Protection of Convention rights and rights-respecting decision-making, particularly where we exercise functions on behalf of public bodies.
Care Act 2014 and statutory guidance	Wellbeing, prevention, safeguarding, personalisation, involvement and protection from abuse and neglect.
Mental Capacity Act 2005 and Code of Practice	Decision-specific capacity, support to decide, best interests and least restrictive options.
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	Person-centred care, dignity and respect, consent, safe care, safeguarding, nutrition, premises and equipment, good governance and staffing.
Care Quality Commission (Registration) Regulations 2009	Registration, notifications and provider governance requirements.
UK GDPR and Data Protection Act 2018	Lawful, fair, transparent and secure processing of personal data, including special category data.
Data (Use and Access) Act 2025	Applicable amendments and requirements affecting data use and access, implemented as provisions come into force.
Health and Social Care Act 2012, section 250	Information standards, including the Accessible Information Standard.
Accessible Information Standard DAPB1605	Identification, recording, flagging, sharing, meeting and review of disability-related information and communication needs.
Gender Recognition Act 2004	Protection and handling of information about a person's gender history where the legal provisions apply.
Protection from Harassment Act 1997	Protection from courses of conduct amounting to harassment.
Public Interest Disclosure Act 1998	Protection for qualifying whistleblowing disclosures.

Law or standard	Relevance
British Sign Language Act 2022	Recognition of British Sign Language and the importance of accessible communication.

This policy also supports the Care Quality Commission quality statements concerning treating people as individuals, equity in access, equity in experiences and outcomes, listening to and involving people, shared direction and culture, and workforce equality, diversity and inclusion.

6. Protected characteristics and wider inclusion

The Equality Act 2010 protects people in relation to nine protected characteristics:

- Age.
- Disability.
- Gender reassignment.
- Marriage and civil partnership.
- Pregnancy and maternity.
- Race, including colour, nationality and ethnic or national origin.
- Religion or belief, including lack of religion or belief.
- Sex.
- Sexual orientation.

We recognise that people may experience overlapping or compounded disadvantage. For example, a person may experience barriers associated with disability, age, race and poverty at the same time. Our assessment and improvement activity will therefore consider intersectionality rather than treating each characteristic in isolation.

We also aim to prevent unfair treatment connected with characteristics or circumstances that may not be protected in every legal context, including caring responsibilities, language, literacy, neurodivergence, health status, social or economic disadvantage, immigration status, rural isolation, homelessness, digital exclusion, appearance, body size, employment status and family composition. This wider commitment does not alter the precise legal tests under the Equality Act but reflects our values and duty of care.

> **No hierarchy of rights**
> No protected characteristic is treated as more important than another. Where rights or preferences appear to conflict, we will identify the underlying needs, consider the law and risks, consult those affected and seek a proportionate solution that causes the least avoidable disadvantage.

7. Prohibited discrimination and unacceptable conduct

The following are prohibited in service delivery and employment:

Conduct	Our position
Direct discrimination	Less favourable treatment because of a protected characteristic. This can include discrimination by association or perception where the law provides.
Indirect discrimination	Applying a rule or way of working that disadvantages a protected group without objective justification.
Discrimination arising from disability	Unfavourable treatment because of something arising in consequence of disability, unless the treatment can be objectively justified.
Failure to make reasonable adjustments	Failing to take reasonable steps to remove a substantial disadvantage for a disabled person.
Harassment	Unwanted conduct related to a protected characteristic that violates dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment.

Conduct	Our position
Sexual harassment	Unwanted conduct of a sexual nature, including conduct by colleagues, managers, people using services, relatives, visitors, contractors or other third parties.
Less favourable treatment after rejection or submission	Treating someone less favourably because they rejected or submitted to sexual harassment or sex-related or gender reassignment-related harassment.
Victimisation	Retaliation or detriment because a person raised, supported or was believed to have supported an equality concern.
Bullying	Offensive, intimidating, malicious or insulting behaviour, or misuse of power, that undermines, humiliates or harms a person, whether or not linked to a protected characteristic.
Discriminatory abuse or hate incidents	Abuse, threats, hostility, neglect or mistreatment motivated by prejudice or hostility towards identity or perceived identity.
Segregation, exclusion or stereotyping	Unjustified separation, exclusion from opportunities, assumptions about capability or needs, tokenism, ridicule or demeaning language.

Intent is not the only consideration. The impact of behaviour, the circumstances, the person's perception and whether it was reasonable for the conduct to have that effect will be considered. "Banter", custom, humour, frustration or lack of awareness does not excuse discriminatory or harassing conduct.

8. Governance, leadership and responsibilities

8.1 Director and Registered Manager

Kudzai Chibamu, as Director and Registered Manager, is accountable for approval, implementation and oversight of this policy. Responsibilities include:

- setting an inclusive culture and ensuring leaders model expected behaviour;
- ensuring legal, regulatory, contractual and commissioning requirements are reflected in practice;
- appointing a responsible lead for the Accessible Information Standard and ensuring senior oversight;
- ensuring resources are available for reasonable adjustments, interpreters, accessible formats and staff training;
- reviewing equality-related incidents, complaints, safeguarding concerns, employment data and audit findings;
- ensuring equality impact assessments are completed for significant decisions and changes;
- reporting material concerns to regulators, commissioners, safeguarding authorities, insurers or other bodies when required; and
- approving improvement plans and checking that actions are completed and effective.

8.2 Managers and supervisors

- apply this policy consistently in allocation, care planning, rostering, recruitment, supervision and decision-making;
- identify barriers and arrange adjustments without avoidable delay;
- respond immediately to safety concerns and promptly to allegations of discrimination or harassment;
- maintain accurate, respectful and confidential records;
- ensure staff understand individual communication, cultural and equality needs before delivering care;
- challenge inappropriate language, stereotypes and discriminatory practice;
- support staff who experience abuse or harassment from third parties; and
- escalate patterns, serious incidents and unresolved risks to the Director and Registered Manager.

8.3 All staff, workers and representatives

- treat everyone with dignity, courtesy and respect;
- follow care plans, communication profiles and agreed adjustments;
- do not impose personal values, beliefs or assumptions on others;
- use inclusive, accurate and non-stigmatising language;
- obtain consent and respect privacy and confidentiality;
- report barriers, discriminatory conduct, unsafe practice or unmet adjustment needs;

- participate in training, reflection, supervision and improvement activity; and
- co-operate with investigations and protect people from retaliation.

8.4 People using services and their representatives

People using our services and those acting with or for them are entitled to express preferences and concerns. They are also expected to treat staff and others with respect. We will explain this expectation in accessible service information and address unacceptable conduct proportionately, while considering capacity, distress, trauma, cognitive impairment, communication needs and clinical factors.

9. Fair access, referral, assessment and fair exit

9.1 Access and referral

We will not refuse, delay, restrict or provide an inferior service because of a protected characteristic or another irrelevant personal factor. Decisions will be based on transparent criteria, assessed needs, risks, geographical or operational capacity, regulatory scope, workforce competence and whether we can safely meet the person's outcomes.

- Referral information will be reviewed for potential barriers, reasonable adjustments and urgent communication needs.
- People will receive information about our service, charges, rights, responsibilities, complaints and safeguarding in a format they can understand.
- We will not assume that a person cannot benefit from support because of age, disability, dementia, sensory loss, language, mental health need or communication difference.
- Where we cannot meet a need, the reasons will be documented, explained accessibly and, where appropriate, shared with the referrer with consent or another lawful basis.
- We will co-operate with commissioners and other professionals to identify alternatives and avoid unsafe gaps in support.

9.2 Fair exit and ending services

A service will not be reduced, suspended or ended for a discriminatory reason or because a person has made a complaint, asserted a right or required reasonable adjustments. Where a service must end, we will:

- apply the service agreement, law and any commissioner requirements consistently;
- consult the person and those they wish to involve, using accessible communication;
- consider safeguarding, continuity, medication, equipment, communication and transition risks;
- give reasons and appropriate notice unless immediate action is required for safety or legal reasons;
- consider whether adjustments, mediation, staff changes, additional training or risk controls could resolve the issue;
- support an orderly handover to another provider or service where required; and
- record the decision, evidence, equality considerations and authorisation.

10. Person-centred assessment, care planning and review

Equality, diversity, inclusion and human rights are part of assessment and care planning, not a separate add-on. A competent assessor will involve the person, and with consent or lawful authority, relevant relatives, advocates and professionals.

Assessments and care plans will identify, as relevant:

- the person's preferred name, title, pronouns and forms of address;
- communication methods, language, literacy, sensory and cognitive needs, including how understanding will be checked;
- culture, ethnicity, nationality, faith, belief, spiritual practices and important festivals or routines;
- sex, sexual orientation, gender identity, relationships and privacy needs, where relevant and freely disclosed;
- dietary requirements, fasting, food preparation practices and preferences;
- personal care preferences, trauma history relevant to care, modesty and same-sex care requests;
- disability, neurodivergence, mobility, equipment, environmental access and digital accessibility needs;
- family, social networks, unpaid carers, advocates and community connections the person wants involved;
- risk of isolation, discrimination, abuse, hate incidents or exclusion;
- reasonable adjustments and who is responsible for arranging them;
- goals for independence, community participation, relationships, citizenship and wellbeing; and

- how equality-related needs and outcomes will be reviewed.

Information will be recorded in respectful, objective and non-judgemental language. Staff will not use labels, stereotypes, unnecessary references to protected characteristics or language that blames a person for disability-related or communication-related needs.

Care plans and risk assessments will be reviewed at planned intervals and sooner when needs, preferences, communication, capacity, equipment, relationships, health, risks or circumstances change. Reviews will test whether the person is experiencing equal access, dignity, choice and the intended outcomes, rather than merely confirming that tasks were completed.

11. Reasonable adjustments, accessible environments and technology

We have an anticipatory duty as a service provider to consider barriers disabled people may experience. We will not rely solely on a person making a formal request. Staff should ask what would help, observe barriers, review available information and act promptly.

11.1 Adjustment process

1. Identify the barrier and the disadvantage experienced or likely to be experienced.
2. Discuss the person’s preferred solution and, where appropriate, involve an advocate, family member or relevant professional.
3. Consider effective options, including changes to practice, timing, location, communication, staffing, equipment, digital access or the physical environment.
4. Assess safety, effectiveness, practicality, cost, resources and available external support without using cost as an automatic reason for refusal.
5. Agree and record the adjustment, responsible person, timescale and contingency arrangements.
6. Tell relevant staff and partners on a need-to-know basis, with consent or another lawful basis.
7. Check that the adjustment works in practice and review it when circumstances change.

11.2 Technology and digital access

Telephone systems, digital care records, portals, video calls, electronic forms and other technology must not create avoidable exclusion. We will:

- offer alternative contact methods where a digital route is unsuitable;
- use clear language, readable layouts and accessible documents;
- consider compatibility with screen readers, magnification, captions and other assistive technology;
- avoid requiring online-only consent, complaints or information access;
- provide support to use technology where this is wanted and appropriate;
- record digital exclusion or accessibility needs in the person’s communication profile; and
- include accessibility requirements when selecting or changing systems and suppliers.

Recording refusals or limitations

Where an adjustment is not provided exactly as requested, the manager must record the request, the barrier, options considered, consultation, reasons, any alternative offered, risk controls and review arrangements. The decision must be capable of objective scrutiny and must not be based on assumptions or convenience.

12. Accessible information and communication support

We will implement the Accessible Information Standard DAPB1605 for people who have information or communication support needs related to disability, impairment or sensory loss. This includes people using services and, where involved in care, carers or family members who themselves have such needs.

12.1 Six essential steps

Step	Required practice
Identify	Ask and observe whether the person has information or communication needs, what they are and how they prefer those needs to be met.
Record	Record needs consistently and specifically in care, administration and contact records.
Flag	Use clear alerts or paper equivalents so staff know action is required without disclosing unnecessary information.
Share	Include relevant needs in referrals, handovers, discharge and ongoing care information, with consent or another lawful basis.
Meet	Provide accessible information and communication support in practice, not merely record the need.
Review	Check needs regularly and whenever health, cognition, sensory ability, preferences or circumstances change.

12.2 Communication practice

- Information may be provided in large print, easy read, audio, Braille, electronic format, pictorial form or another agreed format.
- Communication support may include a British Sign Language interpreter, deafblind interpreter, speech and language strategies, communication aids, advocate, trusted communication partner or longer appointment time.
- Professional interpreters will be used where accuracy, consent, safeguarding, confidentiality or complexity requires them. Children will not be used as interpreters.
- Staff will speak directly to the person, use plain language, allow adequate time, minimise distractions and check understanding rather than asking only “Do you understand?”.
- Staff will not assume that a person who has limited speech, uses an interpreter, has dementia, learning disability, autism or sensory loss lacks capacity or cannot express preferences.
- Accessible methods will apply to complaints, safeguarding information, consent, medication information, invoices, schedules, service changes and emergency communication.
- The Director and Registered Manager will ensure there is an identified lead and governance process for compliance, including staff training and periodic self-assessment.

13. Culture, religion, belief, identity, relationships and lifestyle

We will ask rather than assume what is important to each person. People who share a culture, religion, nationality, sexual orientation, disability or other characteristic do not necessarily have the same beliefs, practices, needs or preferences.

13.1 Cultural and religious needs

- Care schedules will, where reasonably possible, take account of prayer, worship, fasting, festivals, Sabbath observance, dietary practice and community participation.
- Staff will respect religious items, clothing, modesty, customs around touch, death and dying, and the person’s wish to receive support from faith or community leaders.
- A person may hold a religion, a non-religious belief or no belief. Staff will not promote, criticise or attempt to change the person’s beliefs.
- Where fasting or another practice creates a health or medication concern, staff will discuss the matter respectfully and seek clinical advice rather than dismissing the practice.
- Cultural humility and curiosity are expected. Staff should seek guidance when unsure and avoid presenting stereotypes as facts.

13.2 Sexual orientation, gender identity and relationships

- People will be supported without judgement regardless of sexual orientation, gender identity, gender expression or relationship status.

- Preferred names and pronouns will be used. Accidental mistakes should be corrected respectfully; deliberate misuse may constitute harassment or abuse.
- Information about sexual orientation, gender history or relationships will be treated as confidential and shared only when necessary and lawful.
- People will be supported to maintain consensual relationships, private correspondence, social connections and community participation, subject to lawful safeguarding and capacity considerations.
- Staff will not assume that older or disabled people are asexual, heterosexual, unmarried, without relationships or unable to make decisions about intimacy.
- Where there are concerns about consent, exploitation, coercion or capacity, staff will follow safeguarding and Mental Capacity Act procedures rather than imposing moral judgement.

13.3 Personal expression and lifestyle

Clothing, grooming, hobbies, political or social interests, family arrangements and lifestyle choices will be respected unless a specific lawful restriction is necessary to prevent harm. Staff will not make judgemental comments about a person's home, possessions, appearance, relationships or way of life. Risk management will be collaborative and proportionate.

14. Dignity, privacy, personal care, staff matching and nutrition

14.1 Dignity and privacy

- Staff will knock, announce themselves and obtain permission before entering private spaces unless an emergency requires immediate action.
- Doors, curtains, towels, clothing and positioning will be used to protect modesty during personal care.
- Personal information will not be discussed where others can overhear or see it.
- People will be addressed as they prefer and involved in decisions before actions are taken.
- Care will be delivered at the person's pace where this is safe and within the agreed service, avoiding rushed or task-focused practice.
- Photographs, recordings or social media content involving a person will not be created or shared without valid, specific and informed consent and lawful governance.

14.2 Personal care and staff matching

We recognise that intimate care may engage dignity, privacy, cultural, religious, trauma-related and sex-related needs. A person may request a care worker of the same sex for intimate personal care. We will discuss and record the underlying need and make reasonable efforts to meet it, particularly where privacy, trauma, faith or safety is involved.

We cannot guarantee every preference in every circumstance. Where the preferred arrangement cannot be provided, we will explain this, assess risk, discuss alternatives and agree a safe plan. A preference will not be used to facilitate racist, xenophobic or other discriminatory exclusion of staff. Requests involving a protected characteristic will be considered carefully to distinguish a legitimate care need from prejudice.

Staff matching may also consider communication skill, competence, continuity, language, personality, experience, risk and the person's outcomes. Matching decisions will be documented and reviewed, and staff will not be assigned to work where there is an unmanaged risk of harassment or abuse.

14.3 Food, drink and nutrition

- Care plans will record allergies, medical diets, texture needs, preferences, cultural practices, faith requirements and fasting arrangements.
- People will be supported to choose what, when and where they eat and drink within the agreed care plan and risk framework.
- Staff will avoid assumptions about food based on ethnicity or religion and will check individual preferences.
- Where food preparation is part of support, staff will respect hygiene, separation and preparation practices that are important to the person.
- Concerns about nutrition, hydration, swallowing, medication or fasting will be escalated promptly and handled respectfully.

15. Human rights, consent, capacity and least restrictive practice

Human rights are practical standards for everyday care. Relevant rights may include the right to life, freedom from inhuman or degrading treatment, liberty, respect for private and family life, freedom of thought, conscience and religion, freedom of expression, protection of property and freedom from discrimination in the enjoyment of rights.

15.1 Consent

- Consent will be sought before care, support, information sharing, photographs, access to the home or other actions that affect the person.
- Consent must be voluntary, informed, specific to the decision and capable of being withdrawn.
- A person's silence, compliance, disability or previous agreement will not automatically be treated as current consent.
- When a person refuses, staff will explore the reason, provide information accessibly, consider risk and seek advice rather than coercing or punishing the person.

15.2 Mental capacity and best interests

- Capacity will be presumed unless there is reason to doubt it and will be assessed for the specific decision at the relevant time.
- All practicable steps will be taken to support the person to decide, including accessible information, communication support, timing, familiar people and reduced pressure.
- An unwise decision does not by itself show lack of capacity.
- Where a person lacks capacity, any decision made on their behalf will follow the statutory best-interests checklist and involve the person as far as possible.
- An Independent Mental Capacity Advocate or other advocate will be involved when required or beneficial.
- Records will show the decision, assessment, options, consultation, rights considered and why the chosen option is least restrictive.

15.3 Restrictions and restraint

Any restriction on movement, contact, privacy, communication, access to possessions, community activity or daily choice must have a lawful basis, be necessary to prevent harm, be proportionate to the likelihood and seriousness of harm, and be reviewed. Blanket restrictions are not acceptable. Concerns about a possible deprivation of liberty will be escalated for the appropriate legal process.

16. Community inclusion, citizenship and participation

We will support people to be full citizens and to maintain or develop relationships, interests, skills and community connections. Care should reduce isolation and expand opportunity rather than confine a person to their home or to contact only with paid staff.

- Care planning will consider family, friendships, neighbourhood, faith, culture, education, volunteering, work, leisure, exercise and community services.
- People will be supported to vote, obtain advocacy, manage correspondence and access public services where this forms part of assessed outcomes.
- Staff will identify barriers such as transport, inaccessible information, digital exclusion, fear of discrimination or lack of confidence and seek practical solutions.
- Assistive technology may be used to increase independence, but only with consent, privacy safeguards, proportionate risk assessment and a non-digital alternative where required.
- The person will decide who is part of their circle of support and how those people are involved, subject to capacity, safeguarding and lawful information sharing.
- Feedback and co-production opportunities will be accessible to people whose voices are seldom heard.

17. Equality throughout employment

Tamney Healthcare Ltd is an equal opportunities employer. We aim to build a workforce that reflects the communities we serve and in which each person is respected, supported to contribute and treated fairly throughout the employment lifecycle.

This commitment applies to advertising, recruitment, selection, right-to-work checks, onboarding, allocation of work, terms and conditions, pay, benefits, working hours, flexible working, leave, training, qualification support, supervision, appraisal, promotion, acting-up opportunities, health and safety, grievance, discipline, capability, redundancy and termination.

- Employment decisions will be based on legitimate organisational and role requirements, evidence, competence, conduct and performance.
- Managers will not rely on stereotypes about age, disability, pregnancy, race, nationality, language, religion, sex, gender reassignment or sexual orientation.
- Pregnancy, maternity, disability-related absence, religious observance, caring responsibilities and other protected matters will be managed lawfully and sensitively.
- Equal pay principles will be applied. Differences in pay or opportunity must have a legitimate, documented and non-discriminatory basis.
- No employee or applicant will be penalised for requesting an adjustment, raising an equality concern, supporting another person or participating in an investigation.
- Agency staff, contractors, students and volunteers will receive equivalent protection from discrimination and harassment while working with us.

Service user preferences and staff rights

Care preferences will be considered, but staff are also entitled to dignity, equality and safety. We will not treat staff as interchangeable commodities or expose them to avoidable discriminatory abuse. Managers will seek a lawful balance that meets genuine care needs without endorsing prejudice.

18. Recruitment and selection

Recruitment will be safe, fair, transparent and based on the requirements of the role. Our process will include:

- accurate job descriptions and person specifications that distinguish essential from desirable criteria;
- inclusive advertising and proportionate outreach to broaden access without lowering role standards;
- application and interview arrangements that allow candidates to request reasonable adjustments;
- consistent shortlisting and structured questions linked to the role;
- more than one decision-maker where practicable and recorded reasons for decisions;
- appropriate checks of identity, right to work, employment history, references, qualifications, professional status and DBS eligibility;
- health questions only at the lawful stage and for legitimate purposes such as adjustments, fitness for specific duties or statutory requirements;
- separation of equality monitoring information from selection decisions wherever practicable;
- risk assessment of disclosed criminal record information that considers relevance, seriousness, time elapsed, pattern, circumstances and safeguards rather than applying blanket exclusion; and
- regular review of recruitment outcomes for unexplained disparities.

Positive action may be considered where lawful and evidence-based, for example targeted outreach or development activity to address under-representation. Positive discrimination is not permitted.

19. Learning, development, promotion, pay and employment decisions

19.1 Learning and development

- All staff will have fair access to mandatory and role-related learning, including staff working part-time, nights, weekends or flexible patterns.
- Learning materials and assessments will be accessible, and reasonable adjustments will be made.
- Language support may be offered where appropriate, while maintaining the communication competence required for safe care.
- Development opportunities will be communicated openly and selection criteria recorded.
- Supervision will discuss inclusion, cultural competence, bias, reasonable adjustments and any experience of discrimination or harassment.

19.2 Promotion and acting opportunities

Promotion, additional responsibility and acting opportunities will be based on published or clearly communicated criteria. Informal sponsorship, favouritism and assumptions about availability or ambition must not disadvantage staff. Managers should actively invite expressions of interest and provide constructive feedback.

19.3 Performance, discipline, grievance and dismissal

- Standards will be applied consistently, with evidence and an opportunity for the person to respond.
- Managers will consider disability, communication, language, health, pregnancy, cultural context and whether an adjustment or support need affected the matter.
- Disability-related conduct or absence will not be treated as misconduct without appropriate enquiry and consideration of adjustments.
- Complaints of discrimination or harassment will not be dismissed as personality conflict without proper assessment.
- Victimisation or retaliation is itself a serious matter and may lead to disciplinary action.
- Redundancy and termination criteria will be objective, documented and equality-checked.

20. Disability, neurodiversity and workplace adjustments

We will support disabled and neurodivergent applicants and staff to access work and perform their roles safely and effectively. A formal diagnosis is not always required before a supportive conversation or temporary adjustment is considered.

20.1 Request and assessment

- Requests may be made to a manager verbally or in writing and will be acknowledged promptly.
- The discussion will focus on barriers and effective support rather than requiring unnecessary medical detail.
- Occupational health or specialist advice may be sought with consent where helpful.
- Confidential information will be shared only with those who need it to implement the adjustment.
- Interim measures will be considered while evidence or equipment is awaited.
- The agreed adjustment and review date will be recorded.

20.2 Examples

- changes to hours, start times, breaks, travel, visit allocation or shift patterns;
- equipment, seating, software, larger screens, voice-to-text, visual prompts or noise reduction;
- written instructions, extra processing time, predictable routines or reduced interruptions;
- modified training, assessment methods, mentoring, job coaching or additional supervision;
- temporary changes during treatment, recovery, pregnancy-related impairment or fluctuating conditions;
- adjustments to absence triggers or performance processes where disability is relevant; and
- physical access changes or an alternative accessible location.

Adjustments will be reviewed for effectiveness and changed when the role, condition, technology or workplace changes. A manager who believes an adjustment cannot be provided must consult the Director and Registered Manager before a final decision is communicated.

21. Bullying, harassment and sexual harassment prevention

We will take reasonable steps to prevent sexual harassment and will act to prevent and address other forms of bullying and harassment. Prevention applies to conduct by colleagues, managers, agency workers, contractors, people using services, relatives, visitors, suppliers and other third parties encountered in work.

21.1 Preventive measures

- clear standards in policies, contracts, induction, codes of conduct and service information;
- risk assessment of roles and situations where staff may be isolated, dependent on third parties, exposed to inappropriate messages or working in private homes;
- training for all staff and enhanced training for managers receiving concerns;
- multiple reporting routes, including the manager, Director and Registered Manager, grievance, safeguarding and whistleblowing routes;
- prompt action when warning signs, patterns or lower-level concerns emerge;

- safe staffing and lone-working controls, including withdrawal or reassignment where risk cannot be controlled;
- contractual expectations for agencies, contractors and suppliers;
- monitoring of incidents, complaints, staff feedback and exit information; and
- regular review of whether preventive steps remain adequate.

21.2 Examples of unacceptable conduct

- sexual comments, jokes, gestures, staring, questions, propositions or messages;
- unwanted touching, invasion of personal space or displaying sexual material;
- comments about a person's body, pregnancy, sex life, sexuality, gender identity, race, accent, age, disability or religion;
- mimicking, slurs, misgendering, racist or homophobic language, derogatory nicknames or "banter";
- excluding someone from information, shifts, training or social interaction for a discriminatory reason;
- repeatedly undermining, humiliating, threatening or isolating a person;
- pressuring a person not to complain or treating them badly after they raise a concern; and
- online or social media conduct connected with work that creates a hostile or unsafe environment.

A person who experiences or witnesses harassment will be supported to report it. Informal resolution may be considered only where the person wants it and the circumstances are suitable. Serious allegations, safeguarding concerns, possible crimes and repeated conduct require formal action.

22. Discriminatory requests or behaviour by people using services and others

People may express preferences about who supports them. We will listen respectfully and explore the underlying reason. Some requests may reflect privacy, trauma, communication, culture, safety or continuity and may be capable of a lawful and reasonable response. Other requests may be based on prejudice and cannot be accepted simply because the person is purchasing or receiving a service.

22.1 Manager response

1. Ensure immediate safety and support anyone affected.
2. Clarify the words or behaviour and the underlying need, using communication support where required.
3. Consider capacity, cognitive impairment, distress, trauma, mental health, pain, medication and other relevant factors without excusing harm.
4. Explain expected standards and the rights of staff and others in a calm and accessible way.
5. Identify a non-discriminatory solution that can meet the legitimate need, such as same-sex intimate care, a skilled communicator, consistent staffing, an interpreter or a trauma-informed approach.
6. Record the incident, assessment, decisions and agreed controls.
7. Review the care plan and risk assessment, and involve commissioners or professionals where required.
8. Use safeguarding, incident, complaint, police or contractual routes where conduct is serious, repeated or criminal.
9. Do not require a staff member to continue in an unmanaged situation involving abuse, threats or harassment.

Where capacity is impaired, we will use proportionate behavioural, clinical and communication strategies. The person's impairment may affect how responsibility is understood, but it does not remove our duty to protect staff and other people from harm.

23. Reporting, complaints, safeguarding and hate incidents

23.1 How concerns may be raised

Concerns may be raised verbally, in writing, electronically or through an advocate, representative, manager, commissioner or professional. Accessible formats, interpreters and communication support will be provided. A person does not need to use legal terminology or prove discrimination before we respond.

23.2 Immediate action

- Protect life and immediate safety. Contact emergency services where required.
- Separate people where necessary and preserve evidence.
- Provide medical, emotional, practical or advocacy support.
- Inform the appropriate manager without delay.

- Consider safeguarding, duty of candour, police, CQC, commissioner, professional regulator and other notification duties.

23.3 Investigation and outcome

- The concern will be acknowledged and handled through the appropriate complaint, grievance, disciplinary, safeguarding or whistleblowing procedure.
- The investigator will be impartial and will gather accounts, records and relevant contextual information.
- Confidentiality will be respected, but cannot be promised where information must be shared to protect people or comply with law.
- The person raising the concern will be protected from victimisation and kept informed in an accessible way, subject to confidentiality and employment law.
- Outcomes may include apology, adjustment, care-plan change, mediation, training, supervision, disciplinary action, contract action, referral, safeguarding action, police reporting or service improvement.
- Patterns and lessons will be reviewed even where an allegation is not substantiated on the available evidence.

23.4 Hate crime and discriminatory abuse

A hate incident is any incident perceived by the victim or another person to be motivated by hostility or prejudice based on disability, race, religion, sexual orientation, transgender identity or another characteristic. Possible crimes will be reported to the police with the person's consent where possible, or without consent where there is an overriding lawful safeguarding or public-interest reason. Discriminatory abuse involving an adult with care and support needs will be considered under safeguarding procedures.

24. Information governance, confidentiality and equality monitoring data

Information about protected characteristics, health, disability, religion, sexual orientation, gender history and support needs may be highly sensitive. We will collect and use only information that is relevant, necessary and supported by a lawful basis.

- People will be told why information is requested, how it will be used and whether answering is optional, unless the information is necessary for safe care or another lawful purpose.
- Special category data will receive enhanced protection and will be accessed only by authorised people.
- Care records will contain the information staff need to provide safe, respectful and accessible care, but not irrelevant detail or speculation.
- Equality monitoring data will be separated or anonymised where practicable and reported in aggregated form.
- Information will not be disclosed to relatives, colleagues or third parties merely because they ask. Consent, capacity, best interests, safeguarding and legal authority will be considered.
- A person's gender history or sexual orientation will not be disclosed without a lawful and necessary reason.
- Data sharing with commissioners, health professionals or other providers will be proportionate, secure and relevant to care, safety, assurance or legal duties.
- Records of concerns and investigations will be retained securely in line with the retention schedule.

We will not use equality monitoring to make assumptions about individuals. Its purpose is to identify barriers, disparities and opportunities for improvement.

25. Equality impact assessment, audit and continuous improvement

25.1 Equality impact assessment

An equality impact assessment will be completed proportionately before significant changes to policies, eligibility criteria, digital systems, working arrangements, service models, office locations, staffing structures, procurement, communication channels or service closure. It will consider:

- the purpose and evidence for the proposal;
- who may be affected, including people whose voices are seldom heard;
- potential positive and negative effects by protected characteristic and other relevant circumstances;
- reasonable adjustments and accessible engagement;
- human rights, safeguarding and least restrictive alternatives;

- mitigation, responsible owners and timescales; and
- how impact will be monitored after implementation.

25.2 Monitoring and audit

We will use quantitative and qualitative evidence to assess whether our policy is effective. Measures may include:

- access, acceptance, refusal, waiting time and service-exit patterns;
- missed, late or shortened visits and continuity of staff;
- complaints, compliments, safeguarding concerns, incidents and hate-related or harassment reports;
- reasonable adjustment requests, completion time, effectiveness and unresolved barriers;
- accessible information compliance and communication-profile audits;
- care-plan evidence of identity, culture, faith, relationships, choice, rights and community outcomes;
- recruitment, shortlisting, appointment, promotion, pay, training, discipline, grievance, sickness, turnover and exit trends;
- staff and service-user feedback, including feedback from under-represented groups; and
- training completion, supervision discussion and management action.

Data will be interpreted carefully. Small numbers, missing data and different levels of need may limit conclusions. Where a disparity is identified, we will investigate causes, consult affected people, agree action and monitor whether the action improves outcomes.

25.3 Evidence of improvement

The Director and Registered Manager will review equality assurance at least annually and more often when risk indicates. Findings will feed into the quality improvement plan, policy review, staff learning, service-user engagement and governance records. Commissioners and regulators will be provided with evidence where lawfully required.

26. Training, supervision and competency

All staff will receive equality, diversity, inclusion and human rights learning during induction and refresher training. Training will be proportionate to role and will include practical application, not only legal definitions.

Learning outcomes include the ability to:

- identify the protected characteristics and common forms of discrimination;
- apply person-centred, culturally responsive and rights-respecting care;
- recognise bias, stereotyping, microaggressions, discriminatory abuse and harassment;
- make and record reasonable adjustments;
- follow the Accessible Information Standard and communicate effectively;
- support consent, capacity and least restrictive decision-making;
- respond to discriminatory requests and third-party harassment;
- report concerns and protect people from victimisation;
- handle sensitive information lawfully and respectfully; and
- reflect on personal assumptions and seek help when unsure.

Managers will receive additional training in recruitment, adjustments, harassment prevention, investigations, equality impact assessment, data interpretation and managing conflicts of rights. Competence will be assessed through supervision, observation, record audit, feedback and incident review. Training will be refreshed following material legal or policy change, an identified gap or a relevant incident.

27. Breaches of policy

A breach of this policy may place people at risk, violate legal rights and damage trust. Depending on the circumstances, action may include immediate safeguarding measures, removal from duties, increased supervision, retraining, capability or disciplinary action, termination of a contract or placement, referral to the Disclosure and Barring Service, a professional regulator, police, commissioner or Care Quality Commission, and civil or criminal proceedings.

Action will be fair, proportionate and evidence-based. The need to investigate and protect people will be balanced with confidentiality and procedural fairness. Good-faith reporting will be supported even where the concern is not ultimately substantiated. Deliberately false or malicious allegations may be addressed under the relevant conduct procedure, but an allegation will not be treated as malicious merely because evidence is insufficient.

28. Related policies and records

This policy should be read with the current versions of relevant organisational documents, including:

- Accessible Information and Communication Policy;
- Assessment, Care Planning and Review Policy;
- Bullying, Harassment and Sexual Harassment Policy;
- Code of Conduct and Professional Boundaries Policy;
- Complaints, Concerns and Compliments Policy;
- Consent Policy;
- Data Protection, Confidentiality and Information Sharing Policy;
- Dignity, Privacy and Respect Policy;
- Disciplinary and Grievance Procedures;
- Duty of Candour Policy;
- Mental Capacity Act and Best Interests Policy;
- Positive Behaviour Support and Restrictive Practice Policy;
- Recruitment and Selection Policy;
- Safeguarding Adults Policy;
- Service User Rights and Responsibilities information;
- Staff Training, Supervision and Appraisal Policy;
- Whistleblowing and Freedom to Speak Up Policy; and
- Lone Working, Health and Safety and Incident Reporting procedures.

Records generated under this policy may include equality impact assessments, reasonable adjustment records, communication profiles, interpreter bookings, care-plan reviews, complaints, safeguarding records, incident reports, recruitment records, investigation reports, training records, supervision notes, audits and improvement plans.

29. Review and version control

This policy will be reviewed at least annually by the Director and Registered Manager. An earlier review will be undertaken following significant legislative or regulatory change, revised commissioning requirements, a serious incident, material complaint, audit finding, change in service scope or evidence that the policy is not achieving equitable access, experience or outcomes.

Version	Summary of change	Status
1.2	Initial comprehensive controlled issue	Current

Appendix A. Responding to discrimination, harassment or hate incidents

The following procedure provides a consistent response. It does not replace emergency, safeguarding, grievance, disciplinary, complaints or police procedures.

Stage	Required action	Target
1. Make safe	Address immediate danger, obtain emergency help, separate parties if necessary and ensure urgent care continues safely.	Immediate
2. Listen and support	Listen without judgement, use accessible communication, explain options and ask what support the person wants.	Immediate
3. Preserve information	Record exact words, behaviour, date, time, location, witnesses, impact and actions. Preserve messages, images or other evidence.	Same shift/day
4. Notify	Report to the manager and escalate to the Director and Registered Manager for serious, repeated, safeguarding, sexual harassment or hate-related concerns.	Without delay

Stage	Required action	Target
5. Assess route	Consider safeguarding, complaint, grievance, disciplinary, whistleblowing, police, CQC, commissioner, DBS or professional referral requirements.	Without delay
6. Control risk	Update care plans, risk assessments, staffing, lone-working controls, communication plans or environmental arrangements.	Promptly
7. Investigate	Appoint an impartial investigator, gather evidence, consider context and apply the appropriate standard of proof for the process.	Within policy timescale
8. Decide and act	Communicate findings appropriately and implement proportionate action, remedies, support and learning.	Promptly after investigation
9. Review impact	Check safety, wellbeing, adjustment effectiveness, retaliation risk and whether the conduct or barrier has stopped.	Agreed review date
10. Organisational learning	Analyse patterns, update training or systems, share learning lawfully and monitor completion.	Governance review

No retaliation

Any adverse treatment because a person raised, supported or participated in a concern may constitute victimisation and will be addressed as a separate serious matter.

Appendix B. Examples of reasonable adjustments

Area	Illustrative adjustments
Information and communication	Large print, Easy Read, audio, Braille, BSL or deafblind interpreter, captions, visual timetable, pictorial prompts, plain language, longer discussion time, preferred contact method.
Care scheduling	Visits timed around medication, fatigue, prayer, fasting, work, sleep, sensory regulation or support from a trusted person; extra time where communication or disability requires it.
Personal care	Same-sex care where reasonably required, trauma-informed sequencing, explanation before touch, adapted equipment, privacy measures, familiar staff and additional time.
Physical access	Alternative meeting location, portable ramp, clear routes, suitable seating, accessible toilet, rearranged furniture, equipment or environmental changes.
Digital access	Non-digital alternative, accessible PDF or Word format, telephone support, screen-reader compatible system, captions, larger display or assistance to access records.
Sensory needs	Reduced noise, lower lighting, avoiding strong scents, predictable routines, clear warning before changes, quiet waiting or meeting space.
Cognitive or neurodivergent needs	One instruction at a time, written follow-up, visual structure, extra processing time, consistent staff, predictable scheduling, reduced interruptions.
Employment	Adjusted hours or shifts, equipment, software, changes to communication, modified training, mentoring, altered travel or allocation, disability-aware absence management.
Emergency planning	Individual evacuation or contingency plan, communication support, accessible alerts, named contacts, backup equipment or alternative support method.

These examples are not exhaustive. The appropriate adjustment depends on the individual barrier, the person's preference, effectiveness, safety and the circumstances.

Appendix C. Equality assurance and audit schedule

Frequency	Evidence reviewed	Accountability
Monthly management review	Equality-related incidents, complaints, safeguarding concerns, staff abuse, unresolved adjustments and immediate actions.	Registered Manager
Quarterly care record sample	Communication needs, identity and cultural preferences, reasonable adjustments, involvement, consent, rights and community outcomes.	Registered Manager or delegated auditor
Quarterly workforce review	Recruitment, training, promotion, sickness, grievance, discipline, turnover and harassment data for potential disparities.	Director and Registered Manager
Six-monthly Accessible Information review	Identify, record, flag, share, meet and review evidence, including accessible complaints and digital systems.	Accessible Information lead
Annual equality impact review	Impact of major service, policy, digital, workforce and procurement decisions.	Director and Registered Manager
Annual policy and training review	Legal updates, CQC expectations, commissioning standards, feedback, incidents, competence and improvement outcomes.	Director and Registered Manager
Event-driven review	Serious incident, repeated concern, material audit gap, regulatory feedback or significant change.	Relevant governance lead

Audit findings will identify evidence, risk rating, action, owner, completion date and effectiveness check. Actions remain open until evidence shows that the barrier or risk has been addressed.

Appendix D. Rights statement for people using our services

When you use Tamney Healthcare Ltd, you can expect:

- to be treated as an individual and with dignity, kindness and respect;
- not to be discriminated against, bullied, harassed or victimised;
- care that reflects your needs, preferences, identity, culture, faith, relationships and daily life;
- information in a format you can access and communication support that works for you;
- reasonable adjustments when disability or another barrier makes access more difficult;
- to be involved in assessments, care plans, reviews and decisions;
- to give or refuse consent and to be supported to make your own decisions;
- privacy, confidentiality and respectful handling of personal information;
- support to maintain relationships, independence and community life;
- to request a same-sex worker for intimate care and have the request considered respectfully;
- to raise a concern, make a complaint or ask for advocacy without fear of being treated badly;
- to be protected from abuse, including discriminatory abuse and hate incidents;
- to know why a decision has been made and to receive the explanation in a way you can understand; and
- to have your care reviewed when your needs, communication or circumstances change.

You also have a responsibility to treat staff and other people with dignity and respect. We will work with you to understand any difficulty and to find a fair and safe solution.

Reference sources

- Care Quality Commission, Equality, diversity and human rights policy and procedures, updated 2 February 2026, and relevant provider assessment framework quality statements.
- NHS England, Accessible Information Standard requirements DAPB1605, published 30 June 2025 and updated in 2026.
- Equality Act 2010, Worker Protection (Amendment of Equality Act 2010) Act 2023 and associated statutory guidance.
- Human Rights Act 1998.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care Act 2014, Care and Support Statutory Guidance, Mental Capacity Act 2005 and Code of Practice.
- UK General Data Protection Regulation and Data Protection Act 2018.