# Equality, Inclusion & Human Rights

*Supporting people to flourish & thrive*

## Operational Policy for all HPFT front line services

<table>
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<th>Version:</th>
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<td>Executive Lead:</td>
<td>Executive Director Quality &amp; Safety</td>
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<tr>
<td>Lead Author:</td>
<td>Customer Inclusion &amp; Engagement Team Manager</td>
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<tr>
<td>Approved Date:</td>
<td>19th March 2015</td>
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<tr>
<td>Approved By:</td>
<td>Service User &amp; Carer Engagement Group</td>
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<td>Ratified Date:</td>
<td>14th April 2015</td>
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<td>Ratified By:</td>
<td>Policy Panel</td>
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<td>Issue Date:</td>
<td>22nd April 2015</td>
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<td>Expiry Date:</td>
<td>22nd April 2018</td>
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**Target Audience:**

- Those working in frontline services
- Those staff providing support to frontline services through corporate support functions.
- Those volunteering within front line services.
Preface - concerning the Trust Policy Management System (PMS)

P1 - Version Control History:
Below notes the current and previous Version details

<table>
<thead>
<tr>
<th>Version</th>
<th>Date of Issue</th>
<th>Author</th>
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<td>Customer Inclusion &amp; Engagement Team Manager</td>
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P2 - Relevant Standards:

a) **Equality and RESPECT**: The Trust operates a policy of fairness and RESPECT in relation to the treatment and care of service users and carers; and support for staff.
b) **Care Act 2014** – See Appendix 4

P3 - The 2012 Policy Management System and the Policy Format:
The PMS requires all Policy documents to follow the relevant Template
- **Policy Template** is the essential format for most Policies. It contains all that staff need to know to carry out their duties in the area covered by the Policy.
- **Operational Policies Template** provides the format to describe our services, how they work and who can access them
- **Guidance Template** is a sub-section of the Policy to guide Staff and provide specific details of a particular area. An over-arching Policy can contain several Guidance’s which will need to go back to the Approval Group annually.
- **Recovery Care Pathways (RCP)** are documents that describe a clear route from assessment, through intervention to recovery.

Symbols used in Policies:

- **RULE** = internally agreed, that this is a rule and must be done the way described
- **STANDARD** = a national standard which we must comply with, so must be followed

Managers must bring all relevant policies to the attention of their staff, where possible, viewing and discussing the contents so that the team is aware of what they need to do.

Individual staff/students/learners are responsible for implementing the requirements appropriate to their role, through reading the Policy and demonstrating to their manager that they understand the key points.

All Trust Policies will change to these formats as Policies are reviewed every 3 years, or when national Policy or legislation or other change prompts a review. All expired & superseded documents are retained and archived and are accessible through the Compliance and Risk Facilitator Policies@hpft.nhs.uk

All current Policies can be found on the Trust Policy Website via the Green Button or http://trustspace/InformationCentre/TrustPolicies/default.aspx
## Preface

Preface concerning the Trust Policy Management System:  
P1 - Version Control History  
P2 - Relevant Standards  
P3 - The 2012 Policy Management System and Document Formats

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1. Summary
This document provides a workable approach that all Trust services should be taking to ensure equitable treatment for service user and carers accessing local services. Its focus is to safeguard the human rights of people and to show services how the use of human rights based approaches can ensure a culture of equity and fairness is maintained in line with relevant care legislation such as Care Act 2014 and the Mental Health Act (as amended).

The policy also focuses on the importance of ensuring equality and dignity are maintained at all times through promoting non-discriminatory approaches, including the provision of reasonable adjustments, communication options and day to day openness in our approach to working with service users and carers.

Finally this policy now includes guidance for services on equality monitoring, including the collection and use of demographic data as a means to understand our service users and carers and improve the planning and delivery of services.

2. Purpose
This document has been written for the following reasons:

- To ensure that all functions of Trust services are carried out in a way that works to eliminate discrimination, promote equality of opportunity and foster good relations between different groups. (and in doing so, show compliance with the Public Sector Equality Duty)
- To clarify guidance for provide services such as reasonable adjustments and diverse communication options for service users and carers.
- To provide more concise information on the collection and use of demographic data within front line services.
- To comply with the new Mental Health Act (MHA) code of practice from April 2015.
- To ensure services are supported to meet their duties under the Care Act 2014, particularly in relation to inclusive services that promote wellbeing.
- To operationalize requirements placed on the Trust for showing compliance with the Equality Delivery System 2 from April 2015.
- To clarify the importance (and process) for actively engaging people with lived experiences in developing co-produced services.
- To advise on the most constructive approaches for maintaining the human rights, dignity and equality of opportunity of service users and carers; and through doing so, demonstrate compliance with the Human Rights Act 1998 and Equality Act 2010.

3. Definitions

- **Protected characteristic/groups** – refers to the nine characteristics that receive protections under the Equality Act 2010; Age, Disability, Ethnicity/Race, Gender (Sex), Gender Reassignment, Pregnancy & Maternity, Sexual Orientation, Religion & Belief, Marriage & Civil Partnership.
• **PSED** – Public Sector Equality Duty, part of the Equality Act 2010, placing a requirement on public organisations to eliminate discrimination, promote equality of opportunity and foster good relations where protected groups are concerned.

• **FREDA** – Acronym used across healthcare to denote the five dimensions of a Human Rights Based Approach to Healthcare; Fairness, Respect, Equality, Dignity, Autonomy.

• **EDS2** – Acronym for the Equality Delivery System 2, the performance framework for assessing progress on equality and human rights across the NHS in England.

• **MHA** – acronym referring to the Mental Health Act.

### 4. Duties and Responsibilities

**RULE**

**Corporate staff:**

• **Chief Executive** – Overall accountability for compliance with the Human Rights Act 1998, Equality Act 2010 and Mental Health Act 1983 (as amended by Mental Health Act 2007).

• **Executive Director of Quality & Safety/Deputy CEO** – Executive leadership for Equality & Human Rights.

• **Deputy Director of Nursing & Quality** – Senior leadership for Equality & Human Rights in the context of nursing and quality.

• **Directorate Manager (Mental Health Act Legislation)** – Responsibility for eliminating unlawful breaches in human rights (in relation to MHA duties).

• **Customer Inclusion & Engagement Team Manager** – Strategic responsibility for Equality & Human Rights and ensuring policy and practice is robust across the Trust.

• **Equality & Diversity Coordinator** – day to day support for services in carrying out their responsibilities outlined in this policy and the Trust Equality, Inclusion & Human Rights strategy.

**Operational staff:**

• **Managing Directors** – responsibility for ensuring that practice within teams is equitable and any breaches in equality and human rights are appropriately investigated.

• **Clinical Directors** – Ensuring that medical practice is inclusive of human rights based approaches outlined in this policy (as adapted from Royal College of Psychiatry guidance).

• **Service Line Leaders (and deputies)** – ensuring day to day duties with respect to the PSED and other related legislation contained within this policy are carried out effectively in a non-discriminatory way, as well as ensuring data quality and reduction of gaps in demographic data.

• **Team Managers, Team Leaders, Heads of Nursing** – Human rights in healthcare principles (FREDA) are being demonstrably woven into the workings of everyday practice so that positive change can be identified.

• **Line managers** – Monitoring through supervision and appraisal how effectively staff are living organisation values, with particular emphasis on those standards pertaining to Equality, Inclusion & Human rights. (Appendix 1)
5. Background
Equality, Diversity, Inclusion and Human Rights are at the heart of the work of HPFT. If we are to provide modern services that are co-produced and tailored to individual needs we must understand the differences that exist within the organisation and also in society for those using services, our carers, staff and volunteers.

Our values of being Welcoming, Kind, Respectful, Positive and Professional are all about how we deal with people as individuals to ensure the best experience for them; whether within our services or our workplaces. Understanding the needs of people from different backgrounds needs to be learnt. We can then ensure we apply the Trust values in a way that sees no one treated disproportionately because of who they are.

This policy provides guidance for all services about approaches that should be taken in working with people from different backgrounds to ensure that their needs are addressed and their rights are not compromised as a result of our actions (except in situations where there is a legal precedent to do so).

6. Equality & Equity
Equality is about ensuring the elimination of all kinds of discrimination and promoting mechanisms for people to receive equal and timely access to services. Equity is about ensuring that the standard of care we provide to people is of equal value (fair) to that of others, and that there is equality of opportunity in getting access to services when they are needed. This could include people receiving the same service for the same level as needed, as well as people receiving different levels of service according to different levels of need.

Within mental health, learning disability and dementia services it is essential for us to know as much as possible about service users and carers using our services with a view to tailoring each package of care to the individual. It also helps us when meeting our legal obligations as outlined in the Public Sector Equality Duty:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not, and
- Foster good relations between people who share a protected characteristic and those who do not.

When doing this, some of the common themes that emerge are the need to:

- Provide reasonable adjustments to enable access to the service.
- Ensure data on first language and need for interpreters is recorded.
- Information gathered and recorded on communication needs.
- Ensure all essential personal demographic information is asked and recorded. This includes collecting information on age, disability, ethnicity, gender, sexual orientation, marriage/civil partnership, religion/belief and pregnancy/maternity. **NB** we do not currently record patient identifiable data on gender reassignment due to restrictions outlined in the Gender Recognition Act 2004 re: disclosure.
- Be aware of culturally competent communication that meets the needs of the individual including BSL, braille, hearing aids/loops, Makaton and easy read

In addition to the above, the Care Act 2014 places a much stronger emphasis on the wellbeing of service users and carers than ever before as well as more focus on the concept
of citizenship as a way of connecting people to their communities and their overall identity. In order for services to be able to do this, and effectively plan care with service users and carers, staff need to understand, often, the backgrounds from which people come.

6.1 Provision of reasonable adjustments
As a requirement of the Equality Act 2010, services are required to ensure that reasonable adjustments are made as part of general access to services.

Reasonable adjustments specifically relate to impairments. Under the Equality Act 2010, whether or not someone self identifies as a disability or impairment, they are still entitled to these protections if they have a:

- Physical impairment
- Sensory impairment (e.g. visual, hearing)
- Long Term Mental Health Condition
- Long Term Health Condition (including dementia)
- Learning Disability

Common examples of reasonable adjustments that Trust services should be providing include:

- Ensuring flexibility of appointment time (by prior agreement) where it is clear that an impairment affects access for service users or carers at certain times, e.g. mornings, during other regular health appointments etc.
- Ensuring the care environment is as accessible as possible, e.g. through appropriate signage and lighting.
- Ensuring information for service users and carers is in a format accessible to the person, e.g. using easy read formats, or providing translations into the person’s first language.
- Where buildings may have accessibility concerns for individuals, teams have contingency plans in place for seeing service users and carers elsewhere.
- Ensuring there are adequate numbers of staff with the right skills and experience to communicate effectively with patients, e.g. staff who can use sign language or communicate in the person’s first language (or with regular access to interpreters).
- Providing specific or additional training for staff who work with people with learning disabilities or autism spectrum disorders.
- Ensuring meetings are accessible to people, e.g. providing materials in an appropriate format and holding the meeting in an accessible venue. The provision of an independent mental health advocate (IMHA) can support a service to participate in decisions about their care and treatment, and a general advocate to support the carer to participate.
- Culturally competent communication that meets the needs of the individual including BSL, braille, hearing aids/loops, Makaton and easy read

**RULE**
Staff should never make assumptions about what reasonable adjustments a person will need. These should be negotiated directly with the individual service user or carer in a way that enables them to feel safe and supported to speak freely about their needs.

6.2 Communicating with people with diverse communication needs
Helping service users and carers understand some of the complexities of the care that we provide is essential if we are to provide co-produced, tailor made packages of care. Using modern methods of communication is essential in ensuring that people have full access to
our services. For example the use of SMS (and sometimes fax) is often valued by people who are profoundly deaf, whereas easy read and pictorial materials will often be valued by people using our learning disability and dementia services.

**RULE**
Trust services should minimise as much as possible the need for producing information in lots of different formats. Forward thinking and production of as much information as possible, in an accessible format, that is suitable for *everyone* can reduce the need for additional bespoke resources and promote equity.

### 6.2.2 Interpreting and Translation

Provision of interpreting and translation services is a mainstay of the services the Trust provides. The Trust policy on communicating with service users from diverse communities provides guidance on the processes that should be used for booking:

- **Interpreters** – interpreters who attend appointments, activities and interpret in different languages (including British Sign Language) for service users and carers.
- **Translations** – document translations in other languages (including braille).

**RULE**

- It should be identified for every service user or carer coming through HPFT as to whether there is a need for an interpreter. Staff should not make assumptions if the service user or carer can speak English. Even if someone speaks English well, they may prefer to communicate in their mother tongue.
- Interpreters should be planned into the package of care with as much notice as possible.
- Staff must find other methods of effectively communicating with service users and carers where interpreters are not available (this particularly applies to inpatient settings and emergencies).

### 7. Human Rights

The Human Rights Act is a UK law passed in 1998. It means that people can defend their rights in the UK courts and that public organisations (including the NHS) must treat everyone equally, with fairness, dignity and respect. In total there are 16 basic Human Rights in the UK Act that have been taken from the European convention on Human Rights. To read more about these please visit [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

#### 7.1 Human Rights particularly relevant to mental health

- **Right to life.** Example issue: placing a Do Not Resuscitate notice on someone’s file, without their consent
- **Right to be free from inhuman and degrading treatment.** Example issue: malnutrition and dehydration in services.
- **Right to liberty.** Example issue: restraining someone for long periods and for no good reason
- **Right to respect for private and family life.** Example issue: not giving someone information about their treatment or care
- **Right to be free from discrimination.** Example issue: refusing to treat a patient because of their mental health

The following poster can be used by services to both educate staff on key elements of the human rights act as well as those using our services. It has been written by the British Institute of Human Rights for use with service users and carers.
FIVE THINGS EVERYONE SHOULD KNOW ABOUT HUMAN RIGHTS

1
Human rights are the basic rights and freedoms that belong to all people. They cannot be taken away (but some can sometimes be restricted). They include the right to life, to be free from inhuman and degrading treatment, the right to liberty and to respect for private and family life.

2
Human rights are legally enforceable in the UK under the Human Rights Act (HRA). This means public authorities (like mental health hospitals) are legally required to respect your rights in everything that they do, and in some cases they must take positive action to protect your rights when they are known to be at risk.

3
Most rights in the HRA can be restricted in certain circumstances. A public authority can restrict your rights if they have a legitimate aim, for example if they are concerned about your safety, or to protect the wider community from harm.

4
Any restriction on your rights must be proportionate. This means a public authority must have a legitimate aim, and the restriction on your rights must be the least possible restriction in the circumstances.

5
For something to be a violation of your human rights it needs to have had a serious impact on you. Your individual circumstances are important, for example your health, gender, age and personal circumstances may all contribute to how a particular action or decision has affected you personally.
Staff are required to ensure that their knowledge is up to date on Human Rights. Two ways for this are the Equality, Inclusion & Human Rights, and Deprivation of Liberty Safeguards (DOLS) e-learning. However, staff are encouraged to undertake additional reading relating to human rights, mental health, learning disabilities and dementia.

Qualified staff providing direct care are expected to be aware of where breaches in Human Rights may occur and how to monitor this. However, using a human rights based approach to healthcare is a significant asset to any staff member working in direct care. (See next section).

7.2 Human Rights in Healthcare

The Human Rights Based approach to providing quality care is a bottom up approach whereby the concepts which underpin all the articles of the Human Rights Act are operationalized and put into everyday practice without the need for technical knowledge of legislation.

All staff should already be familiar with these values, even if the language seems unusual.

The FREDA principles make up the main structure of a human rights based approach. They summarize that care based on Fairness, Respect, Equality, Dignity and Autonomy will ensure that the needs of the individual come first, and their rights are protected. These are all principles that are woven into existing standards of care.

The following table outlines how staff providing care should understand these:

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
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<tbody>
<tr>
<td>Fairness</td>
<td>This principle demands that due consideration is afforded to the person’s opinion, giving them the opportunity to have that point of view expressed, listened to and weighed, alongside other factors relevant to any decision to be taken.</td>
</tr>
<tr>
<td>Respect</td>
<td>Respect is the objective, unbiased consideration and regard for the rights, values, beliefs and property of other people. Respect applies to the person as well as their value systems and implies that these are fully considered before decisions which may overrule them are taken.</td>
</tr>
<tr>
<td>Equality</td>
<td>The many facets to expressing the principle of equality, including non-discrimination, overlap with respect. The NHS itself was founded on the principle of equality: equity of access and equity of treatment.</td>
</tr>
<tr>
<td>Dignity</td>
<td>Dignity has been defined as ‘a state, quality or manner worthy of esteem or respect; and (by extension) self-respect. Dignity in care, therefore, means the kind of care, in any setting, which supports and promotes, and does not undermine, a person’s self-respect regardless of any difference.’</td>
</tr>
<tr>
<td>Autonomy</td>
<td>Autonomy is regarded as one of the four fundamental ethical principles of healthcare. It is the principle of self-determination whereby a person is allowed to make free choices about what happens to them, that is, the freedom to act and the freedom to decide, based on clear, sufficient and relevant information and opportunities to participate in the decision-making.</td>
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</tbody>
</table>
HPFT staff who are members of the Royal College of Psychiatry can gain additional CPD points by completing the RCPSYCH Human Rights in Healthcare Module (see section 9).

**RULE**

Team managers should ensure that Equality & Human Rights is a standing agenda item at team meetings (even if there is no update to report). This will allow staff the opportunity to raise any areas of concern and for actions to be discussed and addressed. It is also a useful process of learning for staff teams. The FREDA principles (rather than the complexities of legislation) should be used in these meetings as a checklist.

7.3 Non-absolute Human Rights & Depriving patients of their liberty using Mental Health Act 1983 or Deprivation of Liberty Safeguards

**Article 5 of Human Rights Act – Right to Liberty and Security of the Person**

The starting point is that everyone has the right to liberty and security of the person and no one shall be deprived of their liberty except in the following cases and in accordance with a procedure prescribed by law as:

“The lawful detention of persons for the prevention of the spreading of infectious diseases, of persons of unsound mind, alcoholics or drug addicts or vagrants.”

For detention of a mental health patient to be lawful under Article 5 there must be:

- Reliable evidence of unsound mind
- On the basis of objective medical expertise
- It must be of a nature or degree which warrants compulsory confinement
- Continued confinement depends on evidence of persistence of disorder

Both the Mental Health Act and the Deprivation of Liberty Safeguards are the procedures prescribed by law that allow the deprivation of liberty of patients. These give lawful authority to deprive a person of their liberty provided they are correctly applied.

8. Equality Monitoring

As part of overall best practice, and to ensure legal compliance with the Public Sector Equality Duty, the Trust is required to collect, use and publish data on those people who are affected by our policies and practice. In part this includes all of our service users and carers. This means we much ensure that we have given people the opportunity to share data with us on the following areas, and that if this is refused, this is clearly recorded:

- Age
- Disability
- Ethnicity
- Gender
- Marriage & Civil Partnership
- Pregnancy
- Sexual Orientation
- Religion & Beliefs
The Gender Recognition Act 2004 bars disclosure that someone holds a gender recognition certificate without their consent. The Trust has extended this provision to all who identify as transgender (which is why gender reassignment is not included in the list above). However, the Trust must still demonstrate that it has mechanisms to identify the needs of Trans people when carrying out its functions.

8.1 Key standards when collecting all Equality information - General

- All information must be self-reported except for in exceptional circumstances. Where the service user may lack the capacity to answer the question, the carer, family or guardian may be asked. Staff should not record their own observations unless it is from existing, reliable data.
- Most people are willing to give this information - as long as the person taking the information explains why they are doing so. This may require - with the agreement of the service user - relatives, carers or advocates to facilitate informed discussion.
- If people decline to give this information they should be assured that this will not affect their care however providing this information could help the Trust to better understand their needs.
- All service user and carers records record age and gender as standard and therefore specific guidance on these areas is not provided in the sections that follow.
- Where data is not immediate available (e.g. due to a crisis admission) this must be checked directly within the individual at the earliest possible opportunity.
- Where young people are concerned, all previous registration details given by a parent or guardian should be rechecked once the person reaches the age of 16.
- Where information is refused this must be recorded.
- All frontline staff are required to have the ability, skill and compassion to discuss all issues related to equality monitoring in an open, non-judgemental and supportive manner with service users and carers in line with Trust values, standards and behaviours.
- If a member of staff identifies a problem, has concerns, or just wants to go over any issues relating to equality monitoring they should talk to their manager in the first instance before contacting equality@hpft.nhs.uk

8.2 Key Points when collecting Equality information – Specific Protected Groups

The table below provides an overview of some of the issues to consider when collected information from people on ethnicity, disability, sexual orientation, religion/belief and gender reassignment.

<table>
<thead>
<tr>
<th>Protected characteristic</th>
<th>Points to consider</th>
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</table>
| Ethnicity & Race         | • Ethnicity monitoring is the process of collecting, storing and analysing data about people’s ethnicity.  
                          | • Ethnicity monitoring is part of the national minimum dataset and requires 100% of this data to be recorded for people using HPFT services.  
                          | Ethnicity monitoring is used to:  
                          | • Enable a more effective service to be offered that is sensitive to diverse cultural needs.  |
### Protected characteristic

<table>
<thead>
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<th>Points to consider</th>
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<tr>
<td>- Inform decisions on service planning, commissioning and service delivery</td>
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<tr>
<td>- Remove any unfairness or disadvantage</td>
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<tr>
<td>- Highlight possible inequalities</td>
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<td>- Investigate their underlying causes</td>
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Examples of the use of ethnicity monitoring data to highlight inequalities are:

- Talking therapies are rare for both Asian & African Caribbean service users. Letting Through Light – Odiri (1999)
- As in other years, the 2010 'Count me in' census shows that people from Black and White/Black mixed groups have been three times more likely than the average to be detained under the Mental Health Act. (Care Quality Commission)
- Suicide rates among Asian women aged 15-24 are double the national average. (National Mind) www.mind.org.uk

### Disability

<table>
<thead>
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<th>Points to consider</th>
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<tr>
<td>- 100% of people coming into HPFT services must be asked about any disabilities and all information recorded. The reason for this importance is that this information will/should have a direct impact on how the individuals care is planned.</td>
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<tr>
<td>- Many people do not consider they have a disability but they are still protected by Equality Legislation and sensitivity needs to be taken when obtaining this information.</td>
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<td>- When asking about disability, it will often be more constructive to phrase questions in terms of accessible needs/requirements that we can help support.</td>
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<tr>
<td>- Where someone has a significant disability or impairment that has a lasting impact on their physical ability this should prompt staff to undertake an appropriate risk assessment on the individual. (particular in relation to acute inpatient settings).</td>
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<td>- The Trust uses the social model of disability to understand how better support might be provided for people. This means that we recognise that challenges that many disabled people face will be largely due to the view of wider society and lack of knowledge about disability, rather than the impairment itself creating the barrier. If we are able to understand this, we can focus on improving the knowledge of our whole service to respond to the accessibility needs of everyone.</td>
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Disabilities recognised by the Equality Act 2010 include:

- Physical Impairment
- Sensory Impairment
- Long Term Mental Health Condition
- Learning Disability
- Long Term Health Condition
<table>
<thead>
<tr>
<th>Protected characteristic</th>
<th>Points to consider</th>
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| **Sexual Orientation**   | • Providing support that allows people to openly share information about their sexual orientation with the Trust is important, not least for planning care but also breaking down barriers.  
• People who are Lesbian, Gay or Bisexual are disproportionately affected by mental health issues, when compared with heterosexual people.  
• It should also be made clear to service users that the collection of this information from service users is to both help identify any unmet need in their care, and to give the member of staff an opportunity to talk with service users about any of their relationships should the service user wish to.  
• To simply ask someone to pick their sexuality from a list will not be sufficient. The question must be presented in a way that does not offend and makes the service user feel comfortable that the information given will be kept securely and is being asked for their benefit.  
• The Herts LGBT*Q Guide is a great resource for staff in supporting people who come out to them as Lesbian, Gay, Bisexual or Trans*. It is available online at [http://www.hertspride.co.uk/docs/herts-lgbt-guide-2014.pdf](http://www.hertspride.co.uk/docs/herts-lgbt-guide-2014.pdf) |
| **Religion/belief**       | • Whilst PARIS only ask for data on religion, it is important that staff are able to also record additional information on wider beliefs and spiritual needs (where appropriate to care)  
• A person's religion will often have a greater bearing on their needs and preferences than their ethnicity. It can be a catalyst for major decisions people make and often be a primary source of support.  
• Staff should also note that service users may highlight a belief structure that is not listed as a religion on PARIS. The service user should still be asked in these situations whether they have any specific needs. Most beliefs will have support structures that service users may want to have access to during their period of care.  
• NB: Dietary requirements: Some religions have special rules regarding dietary needs. See the Multi-Faith card, Appendix 2 for further details. |
| **Gender reassignment**   | As already discussed in this policy, the Trust currently does not collect person identifiable data on gender reassignment (i.e. if someone identifies as Trans). Nevertheless this does not mean that services should not be identifying and having a supportive dialogue with people, who have gone through, are going through or plan to go through gender reassignment, as well as those questioning their gender.  
Additionally the Charing Cross Gender Identity Clinic have produced some interim guidance for staff who are supporting people through |
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<tbody>
<tr>
<td>gender identity issues.  This includes information on using appropriate gender pronouns, reducing assumptions and understanding gender. They can be viewed here: <a href="http://www.wlmht.nhs.uk/wp-content/uploads/2013/05/Gender-dysphoria-guide-for-GPs-and-other-healthcare-staff.pdf">http://www.wlmht.nhs.uk/wp-content/uploads/2013/05/Gender-dysphoria-guide-for-GPs-and-other-healthcare-staff.pdf</a></td>
<td>Where staff are unsure of how to approach this, they are advised to contact the Equality &amp; Diversity team at <a href="mailto:equality@hpft.nhs.uk">equality@hpft.nhs.uk</a></td>
</tr>
</tbody>
</table>

First/Main Spoken Language

- The note of non-English home language is to alert staff that the service user probably needs the help of an interpreter.
- Record which language is required where other staff will see it and when the service user is referred. If the service user is a young person, the preferred spoken language of the parents should also be recorded. This will identify the need for interpreters and translations.
- Collecting this information will help to identify any new language requirements in the area.
- Be careful to record the actual language. For example, in the Bangladeshi community, Sylheti is the main spoken language while Bengali is the written language. In the Chinese community in Hertfordshire, Cantonese or Mandarin are the two main spoken languages but they can use the same written language.
- Poor communication can be expensive for the Trust in terms of wasted staff time and resources. There is a further cost to the service user in terms of their prolonged poor health.
- Culturally competent communication that meets the needs of the individual including BSL, braille, hearing aids/loops, Makaton and easy read


8.3 Monitoring for Equality during engagement activities

As a core part of Trust business, it often becomes necessary to carry out engagement activities to ensure that services are designed and provided in a way that meet the needs of specific groups of people. Some of these groups have been mentioned already in this guidance, however when carrying out engagement activities it is important that we monitor our compliance with the Equality Act 2010 in reaching as many protected groups as possible.
8.3.1 When should monitoring take place during engagement activities?

There are lots of different ways that engagement activities take place. These can include:

- Questionnaires
- Focus Groups
- 1-2-1
- Online Surveys

It is important that participants in engagement activities are given an opportunity to share information with us on their background. This can help us to identify whether we are reaching a good cross section of our population when carrying out engagement as well as helping us plan engagement strategies for the future.

8.3.2 Service Experience Data

All Trust Service Experience Data (Having Your Say) collects anonymous data on people’s protected characteristics. This helps us to see if there is an disproportionality for any particular groups. Front line services are responsible for looking at their own service satisfaction data, by protected group, in order to plan effective changes/interventions to improve equity within service provision.

Standard Equality Monitoring Forms are available in appendix 3.

9. Training/Awareness –

<table>
<thead>
<tr>
<th>Course</th>
<th>For</th>
<th>Renewal Period</th>
<th>Delivery Mode</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality, Inclusion &amp; Human Rights</td>
<td>All Staff</td>
<td>Every year</td>
<td>e-learning</td>
<td><a href="mailto:learning@hpft.nhs.uk">learning@hpft.nhs.uk</a></td>
</tr>
<tr>
<td>Deprivation of Liberty Safeguards (DOLS)</td>
<td>All Front Line Staff</td>
<td>Every 3 years</td>
<td>e-learning</td>
<td><a href="mailto:learning@hpft.nhs.uk">learning@hpft.nhs.uk</a></td>
</tr>
<tr>
<td>RCPSYCH Human Rights in Healthcare Module</td>
<td>Those registered with</td>
<td>Optional</td>
<td>e-learning</td>
<td><a href="http://www.psychiatrycpd.co.uk/learningmodules/freda%E2%80%93ahumanrights-baseda.aspx">www.psychiatrycpd.co.uk/learningmodules/freda%E2%80%93ahumanrights-baseda.aspx</a></td>
</tr>
</tbody>
</table>

10. Embedding an overall culture of Equality & RESPECT

The Trust promotes fairness and respect in relation to the treatment, care and support of service users, carers and staff.

---

1 Equity broadly means the process of providing equal services for equal need and unequal services for unequal need (i.e. tailored to individual needs and requirements).
Respect is one of the core Trust values and means ensuring that the particular needs of people are upheld at all times and individually assessed on entry to the service (as already described in this policy).

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support. Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

**RULE:** Access to and provision of services must therefore take full account of needs relating to protected characteristics and care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager and then contact equality@hpft.nhs.uk if further guidance is needed.

Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

11. **Process for monitoring compliance with this document**

**RULE:** This section should identify how the organisation plans to monitor compliance with the process/system being described, presented in a table.

<table>
<thead>
<tr>
<th>Action:</th>
<th>Lead</th>
<th>Method</th>
<th>Frequency</th>
<th>Report to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring for any unlawful breaches in people’s human rights</td>
<td>Directorate Manager (Mental Health Legislation)</td>
<td>Annual Review</td>
<td>Quarterly</td>
<td>Equality &amp; Inclusion Strategy Group</td>
</tr>
<tr>
<td>Collection of Equalities Data</td>
<td>Customer Inclusion &amp; Engagement Team Manager</td>
<td>Annual Review</td>
<td>Quarterly</td>
<td>Equality &amp; Inclusion Strategy Group</td>
</tr>
<tr>
<td>Collection of information taken from the Having your Say survey results and complaints.</td>
<td>Complaints &amp; Service Experience Manager</td>
<td>Having your Say survey</td>
<td>Quarterly</td>
<td>Service User &amp; Carer Engagement Group</td>
</tr>
</tbody>
</table>
PART 3 – Associated Issues

12. Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date of Issue</th>
<th>Author</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1</td>
<td>22&lt;sup&gt;nd&lt;/sup&gt; April 2015</td>
<td>Customer Inclusion &amp; Engagement Team Manager</td>
<td>Superseded</td>
<td>Old policy</td>
</tr>
<tr>
<td>V1.1</td>
<td>11&lt;sup&gt;th&lt;/sup&gt; August 2015</td>
<td>Customer Inclusion &amp; Engagement Team Manager</td>
<td>Current</td>
<td>Care Act Updated</td>
</tr>
</tbody>
</table>

13. Archiving Arrangements

**STANDARD:** All policy documents when no longer in use must be retained for a period of 10 years from the date the document is superseded as set out in the Trust Business and Corporate (Non-Health) Records Retention Schedule available on the Trust Intranet.

A database of archived policies is kept as an electronic archive administered by the Compliance and Risk Facilitator. This archive is held on a central server and copies of these archived documents can be obtained from the Compliance and Risk Facilitator on request.

14. Associated Documents

**STANDARD**
- HPFT Carers Strategy 2013 – 2018
- Community with Service Users from Diverse Communities Policy
- Mental Health Act 1983 (As amended by the Mental Health Act 2007)
- HPFT Mental Capacity Act Deprivation of Liberty Safeguards Policy
- Care Act 2014

15. Comments and Feedback – List people/groups involved in developing the Policy.

**STANDARD**

Example list of people/groups involved in the consultation.

<table>
<thead>
<tr>
<th>Equality &amp; Inclusion Strategy Group</th>
<th>Deputy CEO/Director of Quality &amp; Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints &amp; Service Experience Manager</td>
<td>Deputy Director of Nursing &amp; Quality</td>
</tr>
<tr>
<td>Customer Inclusion &amp; Engagement Team Mgr</td>
<td>Equality &amp; Diversity Coordinator</td>
</tr>
<tr>
<td>MHA Quality and Policy Group</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 1 – Trust Values and Standards specifically focused on equality

Appendix 2– Multi-faith card

Appendix 3 – Sample Equality Monitoring Forms
## Trust Values and Standards specifically focused on equality

### Our Values

<table>
<thead>
<tr>
<th>Value</th>
<th>Standards</th>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcoming</td>
<td>• See the whole person</td>
<td>• Treating people as individuals.</td>
</tr>
<tr>
<td></td>
<td>• Value diversity &amp; difference</td>
<td>• Valuing people’s whole life.</td>
</tr>
<tr>
<td></td>
<td>• Treating people as individuals.</td>
<td>• Seeing the person not the behaviour.</td>
</tr>
<tr>
<td></td>
<td>• Actively championing people’s rights.</td>
<td>• Seeing the person not the behaviour.</td>
</tr>
<tr>
<td>Kind</td>
<td>• Empathy &amp; compassion</td>
<td>• Showing empathy, putting ourselves in others’ shoes.</td>
</tr>
<tr>
<td></td>
<td>• Value &amp; appreciate one another</td>
<td>• Looking for the best in people.</td>
</tr>
<tr>
<td>Positive</td>
<td>• Involve people as equals</td>
<td>• Working with people as equal partners.</td>
</tr>
<tr>
<td></td>
<td>• Supportive &amp; flexible</td>
<td>• Helping people access the right services and information quickly.</td>
</tr>
<tr>
<td>Respectful</td>
<td>• Listen &amp; hear</td>
<td>• Taking time to listen carefully before giving opinions.</td>
</tr>
<tr>
<td></td>
<td>• Respect privacy &amp; dignity</td>
<td>• Speaking out if dignity is compromised.</td>
</tr>
<tr>
<td>Professional</td>
<td>• Safe, calm &amp; reassuring</td>
<td>• Helping people build confidence and speaking up if there is a safety</td>
</tr>
<tr>
<td></td>
<td>• Interested in improving &amp; learning</td>
<td>• Being open to new ideas.</td>
</tr>
<tr>
<td></td>
<td>• Help people access the right services and information quickly.</td>
<td>• Always looking for ways to improve.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Seeking opportunities to learn.</td>
</tr>
<tr>
<td>Faith or Culture</td>
<td>Language in UK</td>
<td>Diet</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------</td>
<td>------</td>
</tr>
<tr>
<td>Baha'i</td>
<td>Mainly English, although Arabic &amp; Farsi</td>
<td>Baha’is do not normally drink alcohol, but may take it within medicine if prescribed by doctors</td>
</tr>
<tr>
<td>Buddhist</td>
<td>English, Cantonese, Hakka, Japanese, Thai, Tibetan, Sinhalese</td>
<td>Often vegetarian or vegan. Salads, rice, vegetables and fruit are usually acceptable.</td>
</tr>
<tr>
<td>Chinese</td>
<td>Cantonese, Mandarin, Hakka, Hokkien, English</td>
<td>Cow’s milk is avoided. Rice is the staple diet with lots of freshly cooked vegetables, fish and very little meat.</td>
</tr>
<tr>
<td>Christian</td>
<td>English &amp; many other languages</td>
<td>Generally all foods are permissible. Some follow Jewish customs, some are vegetarian and some are forbidden from using alcohol and other stimulants.</td>
</tr>
<tr>
<td>Hindu</td>
<td>English, Bengali, Gujarati, Hindi, Punjabi, Tamil</td>
<td>Hindu’s do not eat beef. Some Hindu’s are strictly vegetarian and also avoid fish, eggs and animal fat. Salads, rice, vegetables, yoghurt, milk products and fruit are all acceptable.</td>
</tr>
<tr>
<td>Humanist</td>
<td>English or any other language</td>
<td>No particular requirements. Some are vegetarian and vegan.</td>
</tr>
<tr>
<td>Jain</td>
<td>English, Gujarati, Hindi, Punjabi, Tamil</td>
<td>No alcohol, meat, fish, poultry or eggs. Salads, fruits, grain, vegetables, bread or biscuits made without eggs or diary products are acceptable. Some do not eat root vegetables or honey.</td>
</tr>
<tr>
<td>Faith or Culture</td>
<td>Language in UK</td>
<td>Diet</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------</td>
<td>------</td>
</tr>
<tr>
<td>Japanese (Buddhist, Shinto, Christian)</td>
<td>Japanese, English</td>
<td>Preference for rice</td>
</tr>
<tr>
<td>Jewish</td>
<td>English, Hebrew, Yiddish</td>
<td>Pork &amp; shellfish are forbidden. Fish must have fins and scales. Red meat &amp; poultry must comply with kosher standards of slaughter. Milk &amp; Meat are usually kept separate. Alcohol is usually acceptable.</td>
</tr>
<tr>
<td>Muslim</td>
<td>English, Arabic, Bengali, Farsi, Gujarati, Kurdish, Punjabi, Pushto, Turkish, Urdu and many others.</td>
<td>Pork is forbidden, as is alcohol. All meat must be Halal and Kosher food is usually acceptable as well. Vegetarian meals and fresh fruit are acceptable.</td>
</tr>
<tr>
<td>Pagan</td>
<td>Mainly English</td>
<td>Most Pagans eat meat and drink alcohol. However many are vegetarian and some are vegans.</td>
</tr>
<tr>
<td>Rastafarian</td>
<td>English. The vocabulary may include Jamaican patois.</td>
<td>Pork, pork products and shellfish are banned. Most Rastafarians are vegetarian and avoid all stimulants such as tea, coffee and alcohol.</td>
</tr>
<tr>
<td>Sikh</td>
<td>English, Hindi, Punjabi, Swahili, Urdu</td>
<td>Many Sikhs are vegetarian or vegan and do not eat eggs. Those who do eat meat generally avoid beef. Salads, rice, dal, vegetables and fruit are acceptable. The use of tobacco, alcohol and drugs is forbidden.</td>
</tr>
<tr>
<td>Zoroastrian (Parsee)</td>
<td>English, Farsi, Gujarati, Persian</td>
<td>Some avoid pork &amp; beef. Some are vegetarian.</td>
</tr>
</tbody>
</table>

It is important to remember, that some issues affect all communities and people may view them in different ways. **Common issues to consider when visiting anyone are, whether they would like you to remove your shoes or cover your head when entering their home. These questions should be asked prior to the visit and this also applies to interpreters who may be attending with you.**
### Standard anonymous monitoring form

1. **Please tell us your Age:**
   - Under 16
   - 16-21
   - 21-29
   - 30-39
   - 40-49
   - 50-59
   - 60-69
   - 70-80
   - 80+
   - Rather not say

2. **Do you consider yourself to have a disability?**
   - Yes
   - No
   - Rather not say

   2b. If yes do you have a:
   - Physical Impairment
   - Sensory Impairment
   - Learning Disability
   - Mental Health Condition (Long Term)
   - Other Health Condition (Long Term)

3. **Ethnicity**
   - **Asian or Asian British**
     - Bangladeshi
     - Indian
     - Pakistani
     - Any Other Asian Background
   - **Black or Black British**
     - African
     - Caribbean
     - Any Other Black Background
   - **Mixed**
     - White and Asian
     - White and Black African
     - White and Black Caribbean
     - Any Other Mixed Background
   - **White**
     - White British
     - White Irish
     - Any Other White Background
   - **Other Ethnic Group**
     - Chinese
     - Any Other Ethnic Group
     - Please state: ______________________________
     - Rather not say

4. **Gender**
   - Female
   - Male
   - Rather not say

4b. **Gender Reassignment**
   Do you now, or have you ever considered yourself to be transgender? (tick if yes) ☐

5. **Religion or Beliefs**
   - Atheism
   - Agnosticism
   - Buddhism
   - Christianity
   - Hinduism
   - Humanism
   - Islam
   - Jainism
   - Judaism
   - Sikhism
   - Any Other Religion/Belief
   - Please state: ______________________________
   - No Religion or Belief
   - Rather not say

6. **Sexual Orientation**
   - Bisexual
   - Gay Man
   - Heterosexual
   - Lesbian
   - Other
   - Rather not say

7. **Are you currently providing support to a partner, child, relative, friend or neighbour who could not manage without your help or/and support?**
   - Yes
   - No
   - Rather not say
Collecting information about you

Age
This means how old you are. Please write your age here

Disability
This means if you have one of these disabilities:
- Physical - problems with moving your arms or legs
- Sensory - difficulty with seeing or hearing things
- Learning Disability
- Mental Health Problem
- Other Health Problem - This means things like diabetes, arthritis, multiple sclerosis, HIV or any other long term problems.

Ethnicity
Ethnicity means your background and where your family are from.

<table>
<thead>
<tr>
<th>White</th>
<th>Asian or Asian British</th>
</tr>
</thead>
<tbody>
<tr>
<td>British</td>
<td>Indian</td>
</tr>
<tr>
<td>Irish</td>
<td>Pakistani</td>
</tr>
<tr>
<td>Any other White Background</td>
<td>Bangladeshi</td>
</tr>
<tr>
<td>Mixed</td>
<td>Any other Asian Background</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>Black or Black British</td>
</tr>
<tr>
<td>White and Black African</td>
<td>Caribbean</td>
</tr>
<tr>
<td>White and Asian</td>
<td>African</td>
</tr>
<tr>
<td>Any other Mixed Background</td>
<td>Any other Black Background</td>
</tr>
</tbody>
</table>

Other Ethnic Group
- Chinese
- Any other Ethnic Group

Gender
This means whether you are a man or a woman.

- Man
- Woman
**Transgender**

If you are transgender it means you were born as a man but you are now living as a woman. Or it means that you were born as a woman but you are now living as a man.

☐ Please tick this box if you are transgender

**Religion or belief**

This means if you believe in a god or gods. You may or may not believe in a god or gods.

☐ None
☐ Christian
☐ Buddhist
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ Other

**Sexuality**

☐ Heterosexual or Straight - this means you are attracted to someone of the opposite gender

☐ Gay Man - This means you are a man who is attracted to other men

☐ Gay Woman or Lesbian - This means you are a woman who is attracted to other women

☐ Bisexual - this means that you are attracted to men and women

*All images taken from ‘Stonewall what’s it got to do with you? Easy Read’*
<table>
<thead>
<tr>
<th>Our Values</th>
<th>we are...</th>
<th>you feel...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcoming</td>
<td></td>
<td>✅ Valued as an individual</td>
</tr>
<tr>
<td>Kind</td>
<td></td>
<td>✅ Cared for</td>
</tr>
<tr>
<td>Positive</td>
<td></td>
<td>✅ Supported and included</td>
</tr>
<tr>
<td>Respectful</td>
<td></td>
<td>✅ Listened to and heard</td>
</tr>
<tr>
<td>Professional</td>
<td></td>
<td>✅ Safe and confident</td>
</tr>
</tbody>
</table>