Hertfordshire Partnership University NHS Foundation Trust

HPFT

Equality, Diversity & Inclusion in the delivery of HPFT Services

HPFT Operational Policy

Version	2
Executive Lead	Executive Director, Quality & Safety
Lead Author	Inclusion & Engagement Team Manager
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Target Audience	This policy should be adhered to by all those delivering front line care and those who have contact with service users and carers.

as One

Our Values

Welcoming Kind Positive Respectful Professional

Document on a Page

Title of document	Equality, Diversity & Inclusion in the delivery of HPFT Services		
Document Type	Operational Policy		
Ratifying Committee	Equality, Diversity & Inclusion Group (EDIG)		
Version	**Issue Date**	**Review Date**	**Lead Author**
2	13/06/2019	13/06/2022	Inclusion & Engagement Team Manager
Staff need to know about this policy because (complete in 50 words)	It provides standards and guidance that all staff in contact with service users and carers should adhere to when ensuring people do not experience disadvantage or inequality in the use of HPFT services.		
Staff are encouraged to read the whole policy but I (the Author) have chosen three key messages from the document to share:	• Duty have a duty under the Equality Act 2010 and Care Act 2014 to ensure services are provided in a way that do not disadvantage or diminish someone's agency/equality of opportunity. • Achieving equity of access and outcomes for people will only be possible through accurate information gathering and record via the Trust electronic patient record systems. • Seeing someone as an individual, whilst understanding their personal and cultural needs is inextricably linked with provision of recovery oriented practice and delivery of great care.		
Summary of significant changes from previous version are:	Complete review of content. Alignment to Trust Equality Plan 2018 – 2022 Clarification of key approaches staff should take to supporting equity within services. Links to more recent policy across the Trust for supporting inclusion within HPFT services.		

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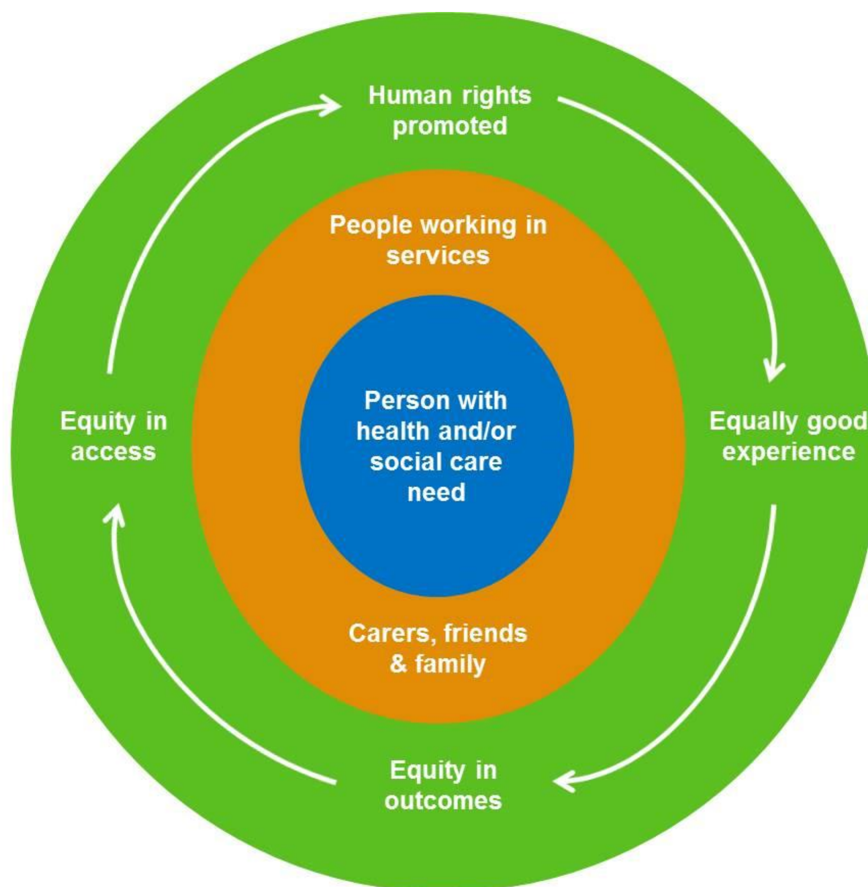
PART 1 – Preliminary Issues:

1. Flow Chart

HPFT Equality Plan – Person Centre Model of Equality, Diversity and Inclusion (EDI). The principles in the outer ring of the model form the basis for the Trust strategic priorities for Equality, Diversity & Inclusion laid out I the Trust EDI plan. This model is also advocated by the Care Quality Commission (CQC) in their document titled 'Equally Outstanding' available at: https://www.cqc.org.uk/publications/equally-outstanding-equality-human-rights-good-practice-resource-november-2018



2. Introduction

2.1 Hertfordshire Partnership NHS University Foundation Trust (HPFT) is at the forefront of delivering great care and great outcomes for people - together. Services are delivered within diverse communities with variable experiences of wellness; it is therefore essential that HPFT services are able to respond to the changing needs of the population and support them to keep mentally and physically well. This requires an understanding of local populations, adaptable approaches to engaging people in care and a broad awareness of equality, diversity and inclusion principles.

2.2 The purpose of this policy is to provide guidance for front line staff and to set out the requirements of services in ensuring people are not unfairly disadvantaged in the use of HPFT services. Also that HPFT services as a whole are promoting inclusive approaches to the delivery of care for service users and carers.

2.3 As well as clarifying the frameworks staff should be working within, this policy clarifies the legal responsibilities of services to proactively work to deliver services in line with general requirements of the Public Sector Equality Duty (within the Equality Act 2010) which are to:

- Eliminate discrimination
- Promote equality of opportunity
- Foster good relations between people.

2.4 This policy supports staff to deliver on the strategic priorities set out in HPFT's Equality Plan 2018 – 2022 and detailed in section 1 of this policy, through the personal centred model for Equality, Diversity & Inclusion:

- People have equity of access
- People have equity of outcomes
- People's human rights are promoted
- People have equally good experiences.

Issues re: the treatment and support of staff, with respect to Equality, Diversity & Inclusion, are outlined in the Trust Equal Opportunities Policy.

3. Objectives

3.1 To operationalise HPFT's Equality, Diversity and Inclusion Plan 2018-2022 for HPFT front line services
3.2 To clarify how staff can ensure that all functions of HPFT 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)
3.3 To set out a clear process for making reasonable adjustments for people when accessing HPFT services
3.4 To provide clarity on the responsibilities for collecting and reviewing demographic data of service users and carers
3.5 To ensure services are supported to meet their duties under the Care Act 2014, particularly in relation to inclusive services that promote wellbeing for both service users and carers.
3.6 To support services in understanding how they can ensure an inclusive and accessible service for the communities they service
3.7 To support the Equality Plan target of increasing presence within local communities
3.8 To support compliance with National Institute of Health and Care Excellence (NICE) Quality Standard 167 on promoting health and preventing premature mortality in black, Asian and other minority ethnic groups

3.9 To support compliance with the Learning Disability Quality Standards regarding protecting and promoting people's rights.

3.10 To reinforce the importance of Trust values in ensure the behaviours of staff, volunteers, service users and carers support a culture of inclusion.

4. Scope

This policy applies to service users and carers who come into contact with HPFT services, irrespective of whether this results in them receiving an ongoing HPFT service. The guidance contained within is designed to guide all staff who have contact with service users and carers in ensuring treatment, care and day to day communication supports a culture of equality, diversity and inclusion.

5. Definitions

- **EDI** – Acronym meaning Equality, Diversity, Inclusion
- **Protected characteristics/groups** – These are the groupings with specific protections under the Equality Act 2010. They are Age, Disability, Gender/Sex, Gender Reassignment, Sexual Orientation, Religion/Beliefs, Pregnancy/Maternity and, in the case of employment, marriage/civil partnership. Additionally Carers are recognised as a group who can experience discrimination 'by association' with the person they care for.
- **Equality Act 2010 –** The main UK legislation protecting people from unequal treatment.
- **Public Sector Equality Duty –** A specific duty placed on public sector organisations to eliminate discrimination, promote equality of opportunity and foster good relations. This duty is part of the Equality Act 2010.
- **Care Act 2014 –** The main UK legislation for provision of social care.
- **Human Rights –** Rights and Freedoms enjoy by all. Outlined in the UK within the Human Rights Act 1998.
- **FREDA** – Acronym for the Human Rights in Healthcare Model. The letters stand for Fairness, Respect, Equality, Dignity, Autonomy.
- **Reasonable Adjustments** – Legal term used to refer to the adjustments made to better enable someone to participate or access a service or workplace. This primarily relates to supporting disability access needs.

6. Duties and Responsibilities

- Front Line Clinicians – Ensuring that individual needs of all service users are identified, recorded and actioned. To evaluate local team processes to ensure equity of access outcomes and overall inclusion for all (to include understanding of local data quality). Additionally to ensure that Trust values are maintained and that these are reinforced with service users and carers as they come into contact with services to help foster an environment of inclusion.
- SPA staff – Ensuring standard data is recorded at early contact and that communication needs/accessibility needs are clarified prior to a referral being opened to a team.
- Team Leaders & Managers – Continually review quality of team practice to ensure collaborative approaches to creating inclusive environments for

service users and carers and promoting best practice principles for this, including the triangle of care.

- Managing Directors & Clinical Directors – to regularly report on performance of services in relation to EDI via the Trust Equality, Diversity & Inclusion Group (EDIG) whilst identifying representatives to link into operational planning.
- EDIG – to have oversight of this policy and approaches to EDI across the Trust and take action where this is not happening.

7. Essential information for all staff

There are some standard/basic pieces of information that all staff should be familiar with when supporting people throughout their care. These fall into the following categories:

- Understanding equity
- Legal duty
- Human rights based approaches.

The purpose of this section is to provide staff with foundation on which to build/reflect on their practice when working with service users and carers.

7.1 Equity of Access

7.1.1 There is often confusion between the terms equity and equality. HPFT's Equality, Diversity and Inclusion Plan strives to ensure that people can enjoy equally good experiences (or equality of opportunity). However this can only truly happen if people are starting from the same place.

7.1.2 Put simply, it is essential to address the inequity in people's access and experiences to enable people to have equality of opportunity.

7.1.3 There are many examples where we can do things to ensure that people have equity of access to our services including:

- Ensuring all essential personal demographic information is asked and recorded. This includes collecting information on age, disability, ethnicity, gender, sexual orientation and religion/belief
- Providing reasonable adjustments to enable access to the service
- Gathering information on communication needs at first contact and use alerts and flags when recording this
- Identifying, engaging and involving carers at first contact to ensure a collaborative approach to care.
- Ensuring data on first language and need for interpreters is recorded at first contact
- Being aware of culturally competent communication that meets the needs of the individual including British Sign Language (BSL), braille, hearing aids/loops, Makaton and easy read
- Having supportive conversations with people about their identity and being open and inclusive to support people
- Being aware that, owing to different cultural approaches to health and wellbeing, some people may be less likely to make themselves known to services
- Understanding that some people's views of NHS services may be impacted by historical approaches by the NHS toward some groups (for example in relation to sexual orientation or gender identity)

By being aware of the above factors, staff and services will be more successful in delivery equitable, and great, outcomes for people.

7.2 The Public Sector Equality Duty

7.2.1 The Public Sector Equality Duty is part of the Equality Act 2010. It places a legally responsibility on HPFT to deliver services and develop workplaces in a way that works to actively:

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

7.2.2 All staff, individually and collectively, are accountable for ensuring compliance with the Public Sector Equality Duty in relation to the ways that they treat each other and provide care to service users and carers. This policy is part of HPFT's approach to meeting the Duty. The Duty is also supported by other pieces of key legislation HPFT works with daily including:

- Care Act 2014
- Mental Health Act
- Human Rights Act 1998.

7.3 Human Rights Based Approaches

7.3.1 Promoting and respecting an individual's human rights is an essential component of the delivery of care within HPFT. Human Rights Based Approaches in HPFT can be summarised by the FREDA acronym. This means:

- **Fairness -** 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 the decision to be taken
- **Respect -** 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
- **Equality -** Many facets behind the principle of equality, including non-discrimination, overlap with respect. The NHS itself was founded on the principles of equality of access and equality of treatment
- **Dignity -** 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'

- **Autonomy -** 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.

Appendix 1 provides some additional information about Human Rights that it is useful for staff to be aware of.

8. Supporting entry into HPFT services

8.1 Single Point of Access (SPA)

Whilst many people accessing SPA will not end up receiving a service from HPFT, the early removal of any barriers to access can help with speeding up the process and ensuring those contacting HPFT receive timely and appropriate support.

As a minimum standard, SPA should be:

- Ensuring being open and communicative with callers with a broad range of understanding across equality topics including culture and beliefs, accessibility, communication needs and LGBT+ issues – development can be provided where needed
- Ensuring all callers have demographic information completed for age, gender, ethnicity and disability and also clearly explaining the reasons for this.
- Ensuring all callers are asked whether they have access needs and/or a disability that we need to be aware of. Where someone reports that they do not have a disability this should be recorded on Paris as 'NONE'
- Supporting implementation of the Accessible Information Standard by identifying (where possible) communication needs and language needs at first contact. Where there are disability related communication needs these must be recorded within an alert/flag on Paris
- If information is provided that a carer is supporting someone, ensuring that HPFT takes reasonable steps to make contact with that carer and make an offer of support – this should be flagged in any referral that SPA open to a team.
- Communicating to teams (when referrals are opened) any specific access needs that need to be met.

This policy should also be read in conjunction with the SPA operational policy.

8.2 Making reasonable adjustments for people to access services

8.2.1 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.

8.2.2 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.

8.2.3 Common examples of reasonable adjustments that HPFT 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, ensuring that 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 service users, 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
- 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
- Ensuring culturally competent communication that meets the needs of the individual including BSL , braille, hearing aids/loops, Makaton and easy read.

8.2.4 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.

8.3 Accessible Information Standard (AIS)

8.3.1 The AIS is mandated as part of the NHS standard contract. This means the Trust is required to follow a clear approach to identifying and meeting the needs of people with disability related communication needs.

8.3.2 Successful implementation of the Accessible Information Standard is based on the staff completing five distinct steps:

8.3.3 The Trust Accessible Information policy provides more information around this, however as a minimum standard all services should be completing the steps below as a standard part of any care provided within the Trust.

8.4 Linking Equality, Diversity & Inclusion into recovery oriented practice

8.4.1 Broadly speaking, recovery oriented practice should work to enable an individual to have hope, opportunity and control in relation to their wellbeing through a collaborative agreement about the care provided, and any identified goals for an individual service user to work to.

8.4.2 Delivery of high quality recovery oriented care relies on a relationship of honesty and openness between service, service user and carer. It is here that Equality, Diversity and Inclusion is essential as, to support someone to identify and agree recovery goals (or goals of any kind in relation to their care), will often be more successful where barriers to wellness are identified/removed and individuals are able to explore their identity within services.

8.4.3 Care should always be taken when taking a recovery approach to consider the cultural interpretation of mental health and learning disabilities, as this can differ across different communities and belief structures. This can impact on supporting people to set individualised recovery goals where people may see their own goals as being inseparable from their family or community.

8.4.4 This is why a large part of providing equitable services, that recognise and value difference, is to ensure value is placed on individual identity and how that connects to them to the people and community around them, or conversely how it may being isolating them.

8.5 Ongoing monitoring of demographic information

8.5.1 To enable HPFT to ensure equity of access and equity of outcomes for people, it is essential that there is clarity regarding who is using HPFT services and the clinical outcomes we are achieving for people using our services.

8.5.2 There are a number of reasons for collecting this information including:

- Data for age, gender and ethnicity forms part of the Mental Health and Learning Disability Minimum Data Set (MHLDMDS)
- The NHS Accessible Information Standard requirements placed on services will only be achievable where good quality data on disability is available
- The NHS Sexual Orientation Monitoring Information Standard requires all those aged over 16 years coming through services to be asked about their sexual orientation
- Meeting holistic cultural and clinical needs will require an understanding of someone's religion/beliefs and how this may impact on their use of services.

8.5.3 Therefore areas of focus for demographic monitoring are:

- Age
- Disability
- Ethnicity
- Gender (including options for people to define gender other than male/female)
- Sexual Orientation
- Pregnancy and Maternity (staff should follow guidance in policy on Care & Management of Pregnant Service Users)
- Religion and Beliefs.

8.5.4 The Gender Recognition Act 2004 bars disclosure that someone holds a gender recognition certificate without their consent. HPFT has extended this provision to all who identify as trans and therefore care should be taken in the accurate recording of gender identity and with the full consent of the service user or carer. Despite this, HPFT must still demonstrate that it has mechanisms to identify the needs of trans people when carrying out its functions and the need to pay due regards to people of all gender identities (HPFT's policy on supporting Gender Identity within HPFT Services provides more guidance for staff around this).

9. Paying due regard to people through the delivery of services

9.1 What is meant by due regard?

To 'have due regard' means that in carrying out all of its functions and day to day activities, HPFT must consciously consider the needs of the general equality duty: eliminate discrimination; advance equality of opportunity and foster good relations. This must be considered for all groups and the amount of due regard required may differ depending on situation. The greater the relevance and potential impact for any group, the greater the regard required by the duty.

9.2 Reviewing services to ensure due regard

As a values based organisation, HPFT teams are encouraged to discuss collectively how to approach due regard within the services. Some examples that have seen to be beneficial across HPFT and other NHS services include:

- **Multi-Disciplinary Team (MDT) meetings** - Including specific time for discussion about due regard with respect to any cases being discussed. This enables any barriers to be discussed and the potential for modified approaches to be agreed

- **Clinical/Professional and Management supervision** – Embedding standard discussions into every supervision that touch on accessibility and equity in relation to caseloads can be a positive way to explore issues within the service and to support staff in understanding their obligations

- **Linking with local communities and groups** – HPFT has a target (as part of the overall HPFT Equality Plan) to increase visibility and connections within local communities. Local community resources can be hugely beneficial to the delivery of HPFT services as well as building new relationships between services and local communities to strengthen individual agency and opportunity to access healthcare. This is often referred to as Asset Based Community Development (ABCD) which includes mapping local 'assets' at a community level and how they can help benefit a larger system.

9.3 Working toward achieving equally good experiences for people

9.3.1 The purpose of focusing on improving equity for people is to make it easier for people to enjoy equality of opportunity and have equally good experiences we compared to others.

9.3.2 It is therefore important that services are not only making continuous improvements to the collection of service feedback information, but that this is being understood in terms of demography.

9.3.3 All teams should have processes in place for regularly reviewing and taking action against feedback from service users and carers. However, demographic information is not always provided by people through services; services can help improve this by implementing the principles in this policy to

enable people to see a greater relevance in providing demographic information.

9.3.4 There are also clear links between an engaged workforce and improved service outcomes. Managers should therefore be away of what workforce data is telling them about the experiences of their teams, specifically in relation to people with different protected characteristics. NHS Staff Survey data, PULSE survey data and supervision can be useful resources for identify areas for improvement.

9.3.5 Support is available from HPFT's Inclusion and Engagement Team for anyone wanting to review the way it approaches the use of its service feedback information.

9.4 Links with other policy in HPFT

9.4.1 Equality, Diversity and Inclusion does not work in isolation. It is a thread running through all the services and functions that HPFT delivers. This is why all policies are required to identify specific equality components that are relevant.

9.4.2 However, there are a number of HPFT policies which work in tandem within this policy including:

- Delivery of Care Policy
- Service Operational Policy
- Sexuality and Personal Relationships Policy
- Supporting Gender Identity in HPFT Services
- Privacy and Dignity Policy
- Carer Practice Policy
- Transfer and Discharge Policy
- Spiritual Care Service Operational Policy.

9.4.3 Therefore, the guidance in this policy should also be interpreted as relevant to the above policies to ensure the provision of functions and processes in HPFT is inclusive of all groups.

9.5 Social Model of Disability

9.5.1 In an organisation that is focused on deliver of high quality mental health and specialist learning disability services, it is important to clarify approaches to disability equality and this will affect a large number of people using services (whether or not they identify as disabled).

9.5.2 HPFT's advocates services to use a social model of disability when working with people. The social model of disability says that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people. When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives.

9.5.3 It differs in this way from the medical model of disability which says that people are disabled by their illness or impairment. It often looks at what is wrong with the person rather than what they need.

9.5.4 Therefore, the social model of disability is not only more in line with recovery oriented approaches but also with Trust values. By definition it is also therefore important that services are able and supported to take proactive steps that remove systemic barriers from creating inequity for people seeking support for their wellbeing.

9.6 Building Cultural Awareness and Competency

9.6.1 Developing practice that is culturally aware and competent requires explicit focus from services on identifying specific needs of service users and carers. This will often yield the best results where there is a collaborative partnership between service, service user and carer (though this won't always be possible or appropriate).

9.6.2 Additionally the requirements for acute/inpatient services will differ greatly from those across community however there is a key checklist that staff can use when helping identify the cultural needs of service users and carers as below. This is also an essential component of the Trust high performing team's process in ensuring that teams are supported and equipped to identify specific needs that support equity of access and outcomes:

- **Diet** – It should be noted that there are lots of cultural differences in the staple diet of various communities. Consequently, serious consideration should be given to the type of food that service users are accustomed to and would prefer whilst checking that an appropriately healthy diet is maintained. However, it should not be presumed that all service users from a particular culture would prefer a diet most associated with that culture.
- **Hair and Skincare** - Hair and skin care are important in every culture and it is important that the processes for caring for different types of hair and skin are observed. As in other instances there should be appropriate consultation to ensure that proper hair and skincare procedures are followed. Do check to ensure that oils and other products are appropriate for the skin and similarly for hair care. Ingredients that are taken for granted for the treatment of European hair may not be the most suitable for that of all hair types. In spiritual terms hair is also worn in different ways dependent on religious practices that should be observed and respected.
- **Music** – Music plays an important role in different cultures and can be a valuable source of comfort for some service users particularly in a residential setting. Service users from different faith backgrounds often appreciate access to music that is reflective of their faith and beliefs; those of no particular faith may still have an interest in music that is reflective of their cultural background.
- **Faith** – Religion or belief can play a major part in the lives of service users and carers. However on occasions someone's belief system may conflict with the treatment and care provided by the Trust. The HPFT Spiritual Care

Service exists to support services through identifying suitable packages of spiritual support as part of the wider care plan. This should be delivered by staff with input from the team for specialist support such as chaplaincy. Appendix 2 outlines some main considerations for major faiths and beliefs. Additional the Trust Spiritual Care Service Operational Policy provides more information to help guide clinical practice.

- **Activities** - In an inpatient setting it would also be of value to check out what are the other things that may be valued by the service user such as for examples games they might like to play. Some board games although having a universal appeal are particularly popular in some cultures and for some service users such games may be a part of their regular past time and sometimes provide a distraction from day to day worries and concerns. For example in the Caribbean dominoes is a very popular game amongst men in particular and is usually played in a different style to the English way – this game has remained popular amongst the Caribbean community in the UK.

9.6.3 These cultural considerations may all be very important to the health and wellbeing of a service user but there should be no presumption. As far as possible these and other aspects should be checked out with the service user, family member/s, community organisation etc. to establish what is most appropriate in each situation.

9.6.4 As a good rule of thumb, a similar approach can be taken to that of the Accessible Information Standard as below:

- **Ask** about matters of culture, spirituality and diet
- **Record** that information
- **Highlight** those issues so that the information is accessible to relevant professionals
- **Share** that information with relevant professionals to ensure that the needs of the individual are known.
- **Act** on the information so that the cultural, spiritual and dietary needs are met as far as is practicable to do so.

For further support and information staff should contact hpft.equality@nhs.net .

9.7 Rainbow Schemes

HPFT currently operates two schemes to enable to staff to make a visual commitment to equality, diversity and inclusion through wearing recognised symbolism to make a statement to people using services, and working within HPFT. They are:

- **The HPFT Rainbow Lanyard Scheme –** This provides staff with the option of wearing a rainbow lanyard for their identity (ID) badge as a symbol of actively promoting Equality, Diversity and Inclusion. The reason for using a recognised symbol (the LGBT+ pride rainbow) is to increase visibility and awareness for people across the organisation.

- **The NHS Rainbow Badge Scheme** – This scheme started in Great Ormond Street Hospital and is now being implemented NHS wide. The scheme asks individuals or teams to sign a commitment to proactively promoting inclusivity for LGBT+ service users and carers and identify individuals and teams as safe spaces for people to disclose their sexual orientation or gender identity. Whilst all services should feel safe to do this, the young people who developed the scheme felt that a recognised symbol (alongside the NHS logo) would inspire confidence in LGBT+ people using services.

Both schemes are coordinated by HPFT's Inclusion and Engagement Team and people can get involved by email hpft.equality@nhs.net

10. Training and Awareness

Course	For	Renewal Period	Delivery Mode
Equality, Diversity & Human Rights	All staff (required)	Annual	E-learning via Discovery
Unconscious Bias	All staff (optional)	N/A	Face to Face
Gender Identity Awareness	All staff (optional)	N/A	Face to Face
Accessible Information Standard	All staff (optional)	N/A	E-learning via Discovery

11. Process for monitoring compliance with this document

Key process for which compliance or effectiveness is being monitored	Monitoring method (i.e. audit, report, on-going committee review, survey etc.)	Job title and department of person responsible for leading the monitoring	Frequency of the monitoring activity	Monitoring Committee responsible for receiving the monitoring report/audit results etc.	Committee responsible for ensuring that action plans are completed
The operationalisation of the Trust Equality Plan.	Quarterly reporting by SBUs and corporate.	Inclusion & Engagement Team Mgr	Quarterly	Equality, Diversity, Inclusion Group (EDIG)	EDI Operational Group

12. Embedding a culture of equality and respect

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

12.2 Respect means ensuring that the particular needs of 'protected groups' are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

12.3 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.

12.4 Access to and provision of services must therefore take full account of needs relating to all protected groups listed above 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 or a member of the Trust Inclusion & Engagement team.

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

Area of focus	How due regard made
Service user, carer and/or staff access needs (including disability)	The policy is focused, in part, on how services can address issues of equity in access to HPFT services. Additionally it highlights approaches that should be taking in making reasonable adjustments to services as well as advocating the social model of disability.
Involvement	The policy includes specific information about the importance of Equality, Diversity and Inclusion to recovery oriented practice and the involvement of service users and carers as the architects of their care and goals, whilst cautioning against the impact of individualised goals on cultural relationships.
Relationships & Sexual Orientation	The policy includes specific information around the importance of discussion identity and opening oneself up to providing honest and open services. Additionally there is specific reference to two schemes which cross LGBT+ inclusivity – the rainbow lanyard and LGBT+ rainbow badge scheme.
Culture & Ethnicity	The policy details some of the cultural considerations that should be made by services when addressing holistic needs of service users and carers. Additional resource is also provided in Appendix 2.
Spirituality	This policy includes the importance of recognising someone's religion or belief as part of an holistic approach to care. However the Trust has spiritual operational policy regarding

Area of focus	How due regard made
	spiritual care that the policy should be read in conjunction with. Appendix 2 includes a faith and culture card to help guide staff in some of their practice.
Age	As a service provider for all ages, it is essential that any holistic approach to care is respectful and pays due regard to people of all ages. Furthermore the policy should be applied proportionately to all groups with queries or concerns being raised with the Inclusion & Engagement Team where more specialist guidance is needed.
Gender & Gender Reassignment	This policy includes the importance of recognising someone's gender identity as part of an holistic approach to care. However the Trust has operational policy regarding supporting gender identity in HPFT services that this policy should be read in conjunction with, as well as Trust privacy and dignity policy.
Advancing equality of opportunity	The purpose of this policy is support staff in addressing issues of inequity that help toward the wider goal of equal opportunity for all. Furthermore the policy makes explicit links between practice and the Public Sector Equality Duty.

13. Promoting and Considering Individual Wellbeing

13.1 Under the Care Act 2014, Section 1, the Trust has a duty to promote wellbeing when carrying out any of their care and support functions in respect of a person. Wellbeing is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day to day life including over the care and support provided and the way in which it is provided;
- Participation in work, training, education, or recreation;
- Social and economic wellbeing;
- Domestic, family and personal;
- Suitability of living accommodation;
- The individual's contribution to society.

13.2 There is no hierarchy and all should be considered of equal importance when considering an individual's wellbeing. How an individual's wellbeing is considered will depend on their individual circumstances including their needs, goals, wishes and personal choices and how these impact on their wellbeing.

13.3 In addition to the general principle of promoting wellbeing there are a number of other key principles and standards which the Trust must have regard to when carrying out activities or functions:

- The importance of beginning with the assumption that the individual is best placed to judge their wellbeing;
- The individual's views, wishes, feelings and beliefs;
- The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist;
- The need to ensure that decisions are made having regard to all the individual's circumstances;
- The importance of the individual participating as fully as possible;
- The importance of achieving a balance between the individuals wellbeing and that of any carers or relatives who are involved with the individual;
- The need to protect people from abuse or neglect;
- The need to ensure that any restriction on the individuals rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary

Part 3 – Document Control & Standards Information

14. Version Control

Version	Date of Issue	Author	Status	Comment
V1	22nd April 2015	Customer Inclusion & Engagement Team Manager	Superseded	
V1.1	11th August 2015	Customer Inclusion & Engagement Team Manager	Superseded	Care Act Updated
V1.2	25th September 2018	Customer Inclusion & Engagement Team Manager	Superseded	Policy review date extended
2	13 June 2019	Inclusion & Engagement Team Manager	Current	Current version

15. Relevant Standards

- Equality Act 2010
- Public Sector Equality Duty – general duty
- Human Rights in Healthcare Principles (FREDA)
- Care Act 2014 Wellbeing Principle
- NHS Constitution
- Mental Health & Learning Disability Minimum Data Set
- NHS Accessible Information Standard (AIS)
- NHS Sexual Orientation Monitoring Information Standard (SOMIS)

16. Associated Documents

- Delivery of Care Policy
- Service Operational Policy
- Sexuality & Personal Relationships Policy
- Supporting Gender Identity in HPFT Services
- Privacy and Dignity Policy
- Carer Practice Policy
- Transfer and Discharge Policy
- Spiritual Care Service Operational Policy

- Care of Pregnant Service Users Policy
- Guidance for CAMHS staff on monitoring sexual orientation and gender identity - https://cypiapt.com/2017/04/03/so-and-gi-guide/

17. Consultation

The following have been consulted so far:

Executive Director Quality & Safety
Carer Representative
Service User Representative
Deputy Director Quality & Safety
Inclusion & Engagement Team Staff
HPFT Involvement Distribution List (Service User & Carer Representatives)
Managing Directors
Clinical Directors
Service Line Leads

Appendix 1 – Human Rights Information

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.

Appendix 2 – Multi Faith Card

Faith or Culture	Language in UK	Diet	Dress	Physical Contact	Medical Treatment
Baha'i	Mainly English, although Arabic & Farsi	Baha'is do not normally drink alcohol, but may take it within medicine if prescribed by doctors	No special dress code	Baha'is are unlikely to object to being touched or treated by members of the apposite sex	No special requirements
Buddhist	English, Cantonese, Hakka, Japanese, Thai, Tibetan, Sinhalese	Often vegetarian or vegan. Salads, rice, vegetables and fruit are usually acceptable.	No special dress code for lay Buddhists	A Buddhist may be touched by a person of either sex for comfort, treatment and medical examinations.	No special requirements
Chinese (Buddhist, Christian, Confucian, Taoist)	Cantonese, Mandarin, Hakka, Hokkien, English	Cow's milk is avoided. Rice is the staple diet with lots of freshly cooked vegetables, fish and very little meat.	Both men & women usually wear shirt/blouse and trousers/slacks	Women usually prefer to be treated by women	Injections are preferred to pills
Christian	English & many other languages	Generally all foods are permissible. Some follow Jewish customs, some are vegetarian and some are forbidden from using alcohol and other stimulants.	Most have no dress code. Some women cover their heads.	Most Christians would have no objection to being touched by members of the opposite sex.	Some may decline conventional medical treatments.
Hindu	English, Bengali, Gujarati, Hindi, Punjabi, Tamil	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.	Modesty and decency are essential	Some Hindu's would prefer to treated or comforted by people of the same sex.	Generally no special requirements, though some Hindu's prefer Ayurvedic medicine.
Humanist	English or any other language	No particular requirements. Some are vegetarian and vegan.	No particular requirements	No specific restrictions on physical contact	No special requirements

Faith or Culture	Language in UK	Diet	Dress	Physical Contact	Medical Treatment
Jain	English, Gujarati, Hindi, Punjabi, Tamil	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.	Jains mainly follow a western dress code (unless monks or nuns), whilst avoiding leather.	Jains may prefer to treated or comforted by people of the same sex.	Blood transfusions and organ donation is acceptable if it is not at the expense of another life.
Japanese (Buddhist, Shinto, Christian)	Japanese, English	Preference for rice	No religious requirements	Japanese may prefer to be treated by people of the same sex.	No religious requirements.
Jewish	English, Hebrew, Yiddish	Pork & shellfish are forbidden. Fish must have fins and scales. Red meat & poultry must comply with kosher standards of slaughter. Milk & Meat are usually kept separate. Alcohol is usually acceptable.	Some Jewish men and women keep their heads covered at all times. Some Jewish men wear black clothes, have side locks and beards. Some Jews have no strict dress code however women and girls usually dress modestly.	For some Jewish men and women, it will not usually be acceptable to be touched by someone who is not a close family member. However the need to save lives takes precedence within Judaism.	All laws normally applying to the Sabbath or festivals are overruled for the purpose of saving life or safeguarding health.
Muslim	English, Arabic, Bengali, Farsi, Gujarati, Kurdish, Punjabi, Pushto, Turkish, Urdu and many others.	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.	Some Muslim women and girls wear a head covering. All are expected to dress modestly. Both males & females may choose to wear clothes that reflect their cultural background.	Treatment by medical staff of any religion is allowed but both men and women usually prefer to be treated by someone of the same sex.	There are no fixed rules on this and it is important to seek the views of the individual and family as these can vary.
Pagan	Mainly English	Most Pagans eat meat and drink alcohol. However many are vegetarian and some are vegans.	Ritual jewellery is common and has a deep significance. Some wear a special ring, the removal of which can cause distress.	No specific requirements	No specific requirements, however alternative treatments are often preferred.

Faith or Culture	Language in UK	Diet	Dress	Physical Contact	Medical Treatment
Rastafarian	English. The vocabulary may include Jamaican patois.	Pork, pork products and shellfish are banned. Most Rastafarians are vegetarian and avoid all stimulants such as tea, coffee and alcohol.	Many wear standard western dress, but some Rasta men wear crowns are tams (both hats) and some Rasta women wear wraps (headscarves)	No specific requirements	The cutting of hair is prohibited in all circumstances.
Sikh	English, Hindi, Punjabi, Swahili, Urdu	Many Sikhs are vegetarian or vegan and do not eat eggs. Those who do eat meat generally avoid beef. Salads, rice, dhal, vegetables and fruit are acceptable. The use of tobacco, alcohol and drugs is forbidden.	Initiated Sikhs wear 5 'K' symbols: Kesh (uncut hair), Kangha (comb), Kara (steel bangle), Kirpan (short dagger), Kachhera (shorts). Most men wear turbans. Women usually cover their heads.	Treatment by medical staff of any religion is allowed but both men and women usually prefer to be treated by someone of the same sex.	Some Sikhs prefer Ayurvedic medicine. In generally cutting or removing body hair should be avoided. If it is necessary to do so, **do not** throw it away. You should give it to another Sikh to dispose of. However some Sikhs do cut their hair.
Zoroastrian (Parsee)	English, Farsi, Gujarati, Persian	Some avoid pork & beef. Some are vegetarian.	Most adult Zoroastrians will wear a sudreh (vest of fine muslin cloth) and kusti (cord around their waist) under western clothes.	No specific requirements	No specific requirements

Our Values

we are...	you feel...
Welcoming	Valued as an individual
Kind	Cared for
Positive	Supported and included
Respectful	Listened to and heard
Professional	Safe and confident