

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

**FRAMEWORK FOR THE
PEOPLE PARTICIPATION
PROGRAMME**

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Version 2 - 2017

Quality, recovery and
wellbeing will be at the heart
of everything we do

Framework for the People Participation Programme

Further information about this document:

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Author(s) Contact(s) for further information about this document	Jane Holland, Head of Inclusion and Participation Development Telephone: 0151 478 6556 Email: jane.holland@merseycare.nhs.uk
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To be read in conjunction with	Volunteer Handbook Volunteering Application Form Health Assessment Form Confidentiality Agreement Staff Charter Standards of Business Conduct (F04)
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

		Version History:
1	New document replacing <ul style="list-style-type: none"> Corporate Policy Participations of Services Users and Carers as Equal Partners in Decision Making (SA09) Corporate Policy and Procedure for the Management of Volunteers(HR24)	28 October 2014
2	New document replacing <ul style="list-style-type: none"> Corporate Policy Participations of Services Users and Carers as Equal Partners in Decision Making (SA09) Corporate Policy and Procedure for the Management of Volunteers(HR24) 	25 July 2016

Terminology Used in this Framework:

Volunteer	For the purpose of this framework the term volunteer incorporates any service user, carer, member of staff, trust member or member of the public participating in the new <i>People Participation Programme</i> managed by the People Participation Team
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SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy/maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with the Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy.

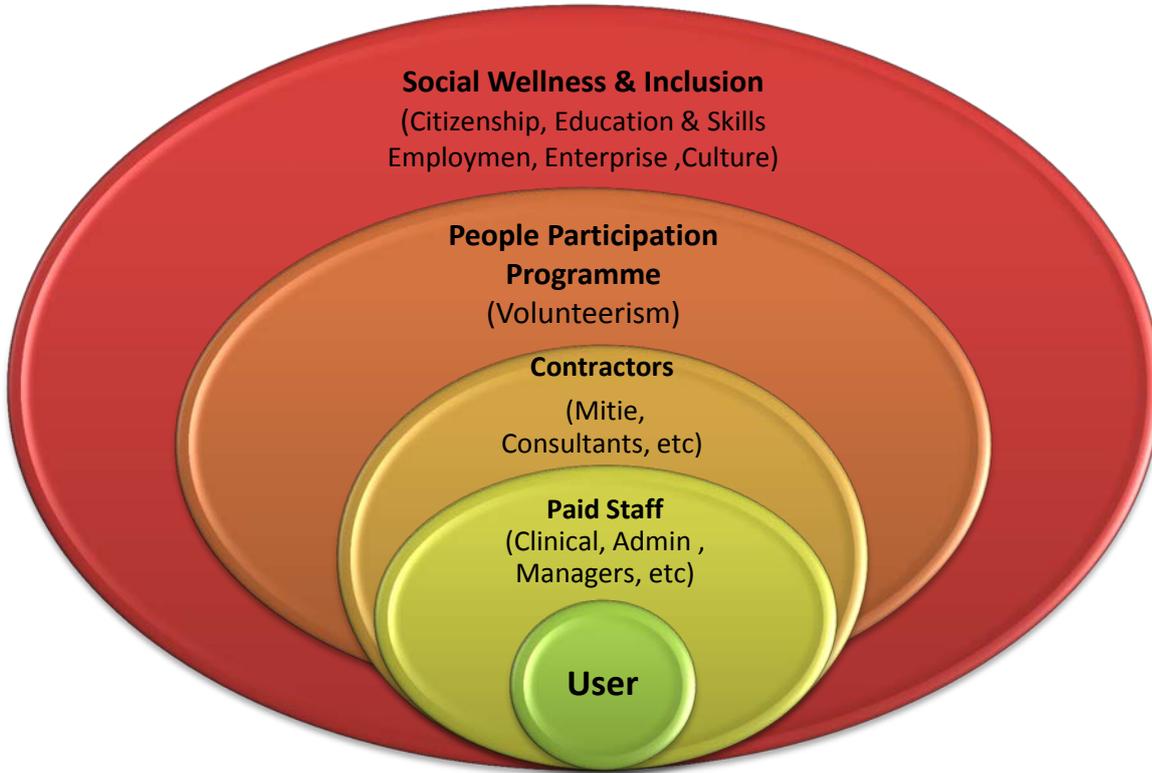
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1 BACKGROUND

1.1 This *framework* has been developed as a result of the adoption of a new model for participation by the Trust Board in March 2014, which itself was informed by an independent review involving service users and carers¹. Whilst acknowledging the diverse forms of participation (i.e., service users, carers, volunteers, members of the public, staff and contractors) the trust recognises that service users are the focal point for all forms of participation (see figure 1 below).

Figure 1: Participation Model



1.2 To support the implementation of this *model of participation* a new People Participation Programme was implemented from October 2014, described in this framework, which will be open to service users, carers, staff, trust members and the public on a volunteering basis. The *People Participation Programme* is based on the principles of volunteerism, recovery and social inclusion, with participants having access to a range of personalised skills and development opportunities.

1.3 This framework replaced the following policies:

- (a) *Participation of Service Users and Carers as Equal Partners in Decision Making (SA09)*;
- (b) *Corporate Policy and Procedure for the Management of Volunteers (HR26)*.

¹ Further details about this review and the development of the model of participation can be found in the paper supporting Item C2 on the agenda of the Trust Board meeting held on 26 March 2014, available on our website by [clicking here](#)

2 INTRODUCTION

2.1 Rationale

2.1.1 This framework supports the new People Participation Programme which was implemented from October 2014 following the adoption of a new model of participation by the Trust Board in March 2014 (see paragraph 1.1 above).

2.2 Scope

2.2.1 This framework applies to the following people

- (a) all volunteers;
- (b) all members of staff (either permanently or temporary) or contractors involved in the recruitment, training, induction, management and supervision of volunteers.

2.3 Principles

2.3.1 Central to Mersey Care's approach is a Board level commitment to the right of service users and carers to be involved as equal citizens in decisions that affect their lives – everything that we do. This policy provides the framework for enabling service users and carers to exercise this right. Service users and carers are not involved in Mersey Care because it will be good for them, good for the Trust, or because it is the policy flavour of the government of the day. Service users and carers are involved because they are valued citizens with a whole range of knowledge and experience as people as well as knowledge and experience of Trust services.

2.3.2 A key principle of the People Participation Programme is that generally it should be based upon the principles of volunteerism, recovery and social inclusion – so that it operates in a manner that ensure fairness, consistency, transparency and development for all participants. These principles have in part been adopted because there were concerns that under the previous programme the honorarium financial payments for some service users/carers created either a dependency upon the trust which didn't aid recovery or, as they were seen as income, could complicate benefit payments.

2.3.3 As such under the People Participation Programme implemented from October 2014, in place of a monetary payment, participants will receive access to a range of personalised skills and development opportunities designed to support their aspirations with regard to employment, education, enterprise and social integration.

2.3.4 The trust wishes to develop its nationally acknowledged realisation of service user and carer involvement by making it fit for purpose in the future. The People Participation Programme seeks to reach out to a wider cross section of society and support people living with the challenges of mental distress, addictions or learning disabilities to take control of their own futures.

2.3.5 Participants who get actively involved with the People Participation Programme – whether services users, carers, staff or members of the public - will have the opportunity to access a range of learning and development opportunities including life skills development, vocational qualifications, further education, employability coaching, work experience placements, apprenticeships and other volunteering opportunities. Full details of the current learning and development opportunities can be found on the People Participation Programme pages of our website at www.merseycare.nhs.uk

2.3.6 Service user and carer specific roles will also be subject to a three year 'tenure' which will be subject to a review process (see section 12.2c).

- 2.3.7 Finally, the trust recognises that people living with mental distress, addictions or learning disabilities are disproportionately at risk of social exclusion. The trust wishes to tackle this issue through the introduction of a range of social interventions that have the power to transform lives and break the cycle of social exclusion through offering opportunities to move on with life. The People Participation Team work with individuals to help them to identify their own personal needs and goals.

3 VOLUNTEERING ACTIVITIES

3.1 Main Areas for Volunteering

- 3.1.1 The following are the five main areas of activities where a participant may volunteer, subject to the minimum requirements in section 4, for the trust:
- (a) **general activities** (e.g. Welcome and Information Volunteers, and Activity Volunteers) which are open to all volunteers and are not reliant upon being a service user or carer;
 - (b) **assurance activities** (e.g., a member of a one of the trust's patient-led assessment of the care environment team or a member of one of the trust's quality review visit teams) which are only open to people who are service users or carers (or those who have recent experience within the last 3 years of being a service user or carer);
 - (c) **involvement meeting** (e.g., being a service user/carer representative who attends a committee or sub-committee of the Trust Board) which are only open to people who are service users or carers (or those who have recent experience within the last 3 years of being a service user or carer);
 - (d) **engagement activities** (e.g., members of the Service Users and Carers Assembly) which are only open to people who are service users or carers (or those who have recent experience within the last 3 years of being a service user or carer);
 - (e) **'expert by experience' activities**, specifically those Peer Associates who are service users or carers (or those who have recent experience within the last 3 years of being a service user or carer).
- 3.1.2 Full details of the current participation opportunities available can be found on the Public Participation Programme pages of our website at www.merseycare.nhs.uk or the new Life Rooms website www.liferooms.org

3.2 What is a service user and carer

- 3.2.1 This is our definition of service users and carers:
- (a) service users currently accessing the services of the trust;
 - (b) carers (i.e., those that consider themselves a carer) of those service users currently accessing the services of the trust;
 - (c) service users who are no longer accessing the services of the trust but have done so in the past three years;
 - (d) carers of service users who are no longer accessing the services of the trust but have done so in the past three years

This is the way we have defined the service user and carer constituency in the trust's [Membership and Engagement Strategy](#)², a document we are required to have as part of our NHS Foundation Trust status.

- 3.2.2 It is for this reason that we say that service user and carer participants will usually be subject to a three-year 'tenure'. This **does not mean** that after three years participants will no longer be able to volunteer, but rather if the activity³ is only open to people who are service users or carers, we require the participant to either be an existing services user or carer or have recent experience within the last 3 years of being a service user or carer). Further details of this review process can be found in section 12 below.

4 MINIMUM REQUIREMENTS FOR VOLUNTEERS

- 4.1 The following minimum requirements will apply to all participants who are seeking to become actively involved with the People Participation Programme, i.e., they will:
- (a) be adults, over the age of 18 or 21 for secure services;
 - (b) be the subject of an interview process by the People Participation Team to determine their skills, aspirations and pathway;
 - (c) be the subject of reference checks;
 - (d) be subject to an immunisation check;
 - (e) be subject to a Disclosure and Barring Services (DBS) check;
 - (f) for certain activities, be a service user or carer (or have recent experience within the last 3 years of being a service user or carer);
 - (g) for certain activities, meet the requirements of the person specification for that particular activity.
- 4.2 'Peer Associates' may also be subject to an additional recruitment process if they apply to join Mersey Care's Additional Staffing (Bank). Please see paragraph 10.5 below for further details.
- 4.3 If a participant is accepted onto the People Participation Programme they will:
- (a) be required to attend:
 - (i) a full day Corporate Mandatory Training session (and appropriate refresher sessions), which includes Information Governance (IG), Safeguarding and PREVENT training and an introduction to Trust Values and Beliefs
 - (ii) a 'local induction' into the service or process they are volunteering for;
 - (b) be expected to have a monthly meeting with either their service supervisor or the relevant service user/carer and volunteer lead. This can either be in a one to one or a group setting;
 - (c) be able to claim travel expenses at the rate of 40p per mile at a maximum of 50 miles (£20.00) or at a maximum of £6 per day on public transport within the Mersey Travel geographical area or £12.00 per day if travelling from outside of the Mersey Travel geographical area (for which a claim form will be required, to be counter-signed by an authorised officer);
 - (d) be expected to sign, and adhere to, a Trust Confidentiality Agreement;

² Membership and Engagement Strategy 2012 to 2014

³ See the types of activities in paragraph 3.1.1 above

(e) be expected to adhere to the same standards of conduct expected of staff;

(f) comply with the trust policies, procedures and processes

4.4 Reasonable adjustments will be considered to support potential volunteers to fulfil the required criteria for acceptance onto the People Participation Programme

5 INVOLVING EXTERNAL SERVICE USERS AND CARERS AT ASHWORTH HOSPITAL

5.1 Given the nature of the high secure services provided at Ashworth Hospital, the Trust has put in place certain restrictions on participation activities, namely

(a) no participant can be a current patient at Ashworth Hospital;

(b) participants meet the person specification for the specific volunteering opportunity at Ashworth Hospital;

(c) the number of participants will be limited to a pool of 25 volunteers (i.e., the Ashworth Volunteer Register), who will be subject to an annual review process

5.2 Further information can be found in the Participation Protocol for High Secure Services which can be found at **Appendix A**.

6 PEOPLE WITH DEMENTIA WHO VOLUNTEER

6.1 The Trust recognises that in the past it incorrectly did not involve people with dementia in its participation activities, particularly in respect of assurance, governance, engagement and 'expert by experience' activities.

6.2 To assist members of staff in understanding the needs of people with dementia, and their families, participating in the work of the trust further information and guidance is available at **Appendix B**.

6.3 All of the protected characteristics are routinely monitored in terms of volunteering in order to ensure inclusion and representation from the communities served by the Trust. The People Participation Team will make the monitoring information available on request.

6.4 Reasonable adjustments will be considered to support potential volunteers with additional needs and to ensure that those who may be socially isolated are not excluded from volunteering.

7 INVOLVING SERVICE USERS AND CARERS AT MERSEY CARE WHALLEY

7.1 Calderstones was acquired by Mersey Care NHS Foundation Trust on 1 July 2016.

7.2 Calderstones made a payment to participants (service users) for their involvement in the Trust. Payments will cease as of 1 January 2017 and Mersey Care Whalley will adopt the People Participation Framework of reward and recognition.

8 TRUST OBLIGATIONS TO VOLUNTEERS

8.1 Once a participant is accepted onto the People Participation Programme the Trust will:

(a) allocate a supervisor at service level;

(b) provide a comprehensive induction programme comprising:

- (i) a full day Corporate Mandatory Training session (and appropriate refresher sessions), which includes Information Governance (IG), Safeguarding and PREVENT training and an introduction to Trust Values and Beliefs
- (ii) a 'local induction' into the service or process they are volunteering for;
- (c) hold a quarterly meeting between the participant and either their service supervisor or the relevant service user/carer and volunteer lead. This can either be in a one to one or a group setting;
- (d) ensure that the participant is appropriately supported by a Service User/Carer and Volunteer Lead in the services;
- (e) offer an annual Pathway Review meeting with each participant;
- (f) arrange for the prompt payment of travel expenses usually through a BACS system of payment (i.e., via a bank transfer), or, where this is not possible, by cash where a participant will be required to attend one of the trust's cash offices with an appropriately authorised claim form.

9 TYPE OF DOCUMENT

9.1.1 The framework is a corporate procedural document to be used in across all three divisions within the Trust and shall be regarded as uniform practice for all services and staff.

10 DUTIES

10.1 Trust Board

10.1.1 The Trust Board is responsible for agreeing the model of participation and ensuring, through the assurance it receives, that effective systems, policies and processes are in place to deliver the People Participation Programme as outlined in this framework.

10.1.2 Service User and Carer Assembly

10.1.3 The Service User and Carer Assembly is responsible for:

- (a) considering and recommending the annual report on the People Participation Programme;
- (b) Approval of this framework.

10.1.4 The Service User and Carer Assembly will receive and approve an annual report on the People Participation Programme.

10.2 Executive Director of Communications and Corporate Governance

10.2.1 The Executive Director of Communications and Corporate Governance is responsible for overseeing that effective systems, policies and processes are in place to deliver the People Participation Programme.

10.3 Director Social Inclusion and Participation

10.3.1 The Director Social Inclusion and Participation is responsible for:

- (a) overseeing the implementation and on-going delivery of the People Participation Programme;
- (b) managing the budget for the People Participation Programme;

- (c) producing and presenting the annual report on the People Participation Programme to the Service User and Carer Assembly;
- (d) supporting a network of staff with lead responsibility for participants;
- (e) overseeing the review process for participants;
- (f) ensuring the participant voice is heard throughout the trust.

10.4 People Participation Team

10.4.1 The People Participation Team is responsible for:

- (a) managing People Participation Programme;
- (b) identifying training, learning and employment activities for participants resulting in a recovery focussed pathway for individuals;
- (c) monitoring and evaluating the People Participation Programme;
- (d) coordinating the review process for participants and leading the three-year 'tenure' review process for service users and carers (where applicable);
- (e) listening to the feedback and observations from participants and ensuring their views and opinions influence how the trust works.

10.5 Service User/ Carer and Volunteer Leads

10.5.1 Participation Leads in services are responsible for:

- (a) working with the People Participation Team to implement, monitor, evaluate and develop the People Participation Programme in their individual service areas;
- (b) identifying specific opportunities for people participation activities;
- (c) ensuring that appropriate support is given to participants, including the allocation of a supervisor at service level and the offer of a quarterly Pathway Review;
- (d) ensuring that participants are treated in accordance with Trust policy;
- (e) contributing to the three-year 'tenure' review process for service users and carers (where applicable).

10.6 Participation Lead (Ashworth Hospital)

10.6.1 The Participation Lead (Ashworth Hospital) is responsible, in addition to the duties of a Participation Lead in the Local Division, for:

- (a) creating and maintaining the register of the 25 volunteers who may work at Ashworth Hospital (i.e., the Ashworth Volunteer Register);
- (b) ensuring this register shows the activities they are involved with;
- (c) develops the person specification for each volunteering opportunity, for approval by the Head of Nursing and Patient Experience (Secure Division);
- (d) liaising with the Head of Nursing and Patient Experience (Secure Division) as to those volunteers who can be added to/deleted from the Ashworth Volunteer Register.

10.7 Head of Nursing and Patient Experience (Secure Division)

10.7.1 The Head of Nursing and Patient Experience (Secure Division) is responsible, in addition to the duties for a Trust Manager, for:

- (a) informing the Participation Lead (Ashworth Hospital) which volunteers may be added to/deleted from the Ashworth Volunteer Register;
- (b) ensuring that any the risks involved in participation activities at Ashworth Hospital are identified and managed accordingly;
- (c) approves the person specification for each volunteering opportunity.

10.8 Trust Managers

10.8.1 Trust Managers are responsible for:

- (a) identifying specific opportunities for people participation activities;
- (b) ensuring that appropriate support is given to participants, including the allocation of a supervisor;
- (c) ensuring that participants are treated in accordance with trust policy;
- (d) contributing to the three-year 'tenure' review process for service users and carers (where applicable).

10.9 Trust Supervisors

10.9.1 Trust Supervisors are responsible for:

- (a) ensuring that participants have appropriate support and supervision during their activity;
- (b) ensuring that participants have a quarterly meeting, this can be in a one to one or a group setting;
- (c) contributing to the three-year 'tenure' review process for service users and carers (where applicable);
- (d) ensuring that attendance sheets and expense claim forms are completed and authorised accurately and in a timely fashion;
- (e) ensuring that participants act in accordance with trust policies, procedures and processes.

10.10 Chairs of Committees and Sub-Committees

10.10.1 Chairs of Committees and Sub-Committees are responsible for:

- (a) contributing to the three-year 'tenure' review process for service users and carers (where applicable).

10.11 Participants

10.11.1 Participants are responsible for:

- (a) attending:

- (i) a full day Corporate Mandatory Training session (and appropriate refresher sessions), which includes Information Governance (IG), Safeguarding and PREVENT training and an introduction to Trust Values and Beliefs
- (ii) a 'local induction' into the service/process they are volunteering for;
- (b) having a quarterly meeting with either their service supervisor or the relevant service user/carer and volunteer lead. This can either be in a one to one or a group setting;
- (c) for service users and carers, an only where applicable, participating in the three-year 'tenure' review process
- (d) where applicable, claiming travel expenses at the rate of 40p per mile at a maximum of 50 miles (£20.00) or at a maximum of £6 per day on public transport within the Mersey Travel geographical area or £12.00 per day if travelling from outside of the Mersey Travel geographical area.
- (e) signing, and adhering to, the Confidentiality Agreement for Volunteers
- (f) adhering to the same standards of conduct expected of staff; and
- (g) complying with the trust policies, procedures and processes;

11 APPLICATION PROCESS

11.1.1 Applying to be a 'traditional' Volunteer

11.1.2 People wishing to apply to be a 'traditional' volunteer at Mersey Care will first need to:

- (a) Book a place on a volunteer recruitment day by emailing volunteering@merseycare.nhs.uk. Participants will need to include their name, email address and mobile telephone number in the email;
- (b) A confirmation email will be sent to participants within 5 days of the receipt of an email inviting them to attend a volunteer recruitment day. A reminder email will be sent one week before the recruitment day, asking participants to confirm their attendance;
- (c) On confirmation of attendance, the day before the recruitment day participants will be sent a reminder text;
- (d) The recruitment day is the occasion on which participants will learn about the volunteering opportunities available in Mersey Care NHS Foundation Trust, about the services provided by the trust, and about the trust values. They will also learn about Corporate Induction, and the trust's volunteer application process.
- (e) After attending the volunteer recruitment day, if participants still wish to proceed, they should complete a volunteer application form and return it by email to volunteering@merseycare.nhs.uk or by post to Volunteering, Social Inclusion and Participation Team, The Life Rooms, Evered Avenue, Walton, L9 2AF
- (f) On receipt of the application form the People Participation Team will request two reference;

11.2 Interview

11.2.1 Participants will be invited to attend an informal interview with members of the People Participation Team, to determine their skills, aspirations and pathway. If successful at interview participants will

have a standard level of Disclosure and Barring Service check (commonly referred to as a DBS check) online. This is standard for all volunteers who will be working with or in the proximity of our service users. The letter inviting participants to their interview will include details of the types of identification documents they will need to bring to complete the DBS check. DBS checks for volunteers are free of charge. There is an administration fee of £3.25p for processing the check; this will be paid from the Social Inclusion and Participation budget;

- 11.2.2 At interview participants will have a photograph taken for their volunteer badge. They will also be asked to read and sign a confidentiality agreement;
- 11.2.3 Participants will also be given a **Health Assessment Form** which they should complete and return to the Occupational Health Department (the address is on the form). This form needs to be fully and accurately completed and must include a detailed inoculation history;
- 11.2.4 Occupation Health will assess the form and either
 - (i) issue a *Fit for Work Form*, that will allow participants to be considered for volunteering, or
 - (ii) contact the participant to make an appointment to see them

11.3 Verification Checks

- 11.3.1 Following a successful interview, the receipt of two approved references, Occupational Health clearance, a standard DBS check, and completion of all required training participants will be issued with a Volunteer Handbook and photographic identification in the form of a green lanyard and will be placed in a volunteering activity.
- 11.3.2 A minimum commitment of six months of volunteering is expected from a traditional volunteer
- 11.3.3 **Applying to be a Service User or Carer Volunteer**
- 11.3.4 People wishing to apply to be a service user or carer volunteer at Mersey Care will first need to:
 - (a) Request a volunteer application form and complete and return it to volunteering@merseycare.nhs.uk. or by post to Volunteering, Social Inclusion and Participation Team, The Life Rooms, Evered Avenue, Walton, L9 2AF
 - (b) A confirmation email will be sent within 5 days of the receipt of the application inviting the participant to attend an interview. A reminder email will be sent one week before the recruitment day, asking the participant to confirm their attendance;
 - (c) One reference will be sought at this stage;
 - (d) Having confirmed attendance, the day before the interview a reminder text will be sent;
- 11.3.5 At interview the participant will be asked about their aspirations and interests. If they are successful the participant will be asked to read and sign a confidentiality agreement and will have a standard level of Disclosure and Barring Service check (commonly referred to as a DBS check) online. This is standard for all volunteers who will be working with or in the proximity of our service users. The letter inviting participants to interview will include details of the types of identification documents needed to complete the DBS check. DBS *checks* for volunteers are free of charge. There is an administration fee of £3.25p for processing the check; this will be paid from the Social Inclusion and Participation budget;

- 11.3.6 Participants will also be given an Occupational Health form which they should complete and return to the Occupational Health Department (the address is on the form). This form needs to be fully and accurately completed and must include a detailed inoculation history;
- 11.3.7 Occupation Health will assess the form and either
- (i) issue a *Fit for Work Form*, that will allow the participant to be considered for volunteering, or
 - (ii) contact the participant to make an appointment to see them
- 11.3.8 At interview a photograph will be taken for the participant's volunteer badge;
- 11.3.9 At interview the participant will be given a date to attend the next volunteer induction training;
- 11.3.10 After the training participants will be contacted by the Service User/Carer and Volunteer Lead to discuss a volunteering placement.
- 11.3.11 Following a successful interview, the receipt of one approved reference, Occupational Health clearance, a standard DBS check, and completion of all required training the participant will be issued with a Volunteer Handbook and photographic identification in the form of a green lanyard and will be placed in a volunteering activity.

11.4 Applying to be a 'Peer Associate'

- 11.4.1 There are two roles under the auspices of a Peer Associate; delivering training and co-facilitation of recovery groups. People wishing to apply to be a *Peer Associate* at Mersey Care, which is an 'expert by experience' activity⁴, will potentially be subject to a 2-stage application process consisting of:
- (a) Step 1 – the same application process as described above for all other participants;
 - (b) Step 2 – when advised by the People Participation Team, applying to joint Mersey Care's Additional Staffing (Bank).
- 11.4.2 Under the Trust's model of participation, Peer Associates are the only type of participants in the People Participation Programme whose participation in 'experts by experience' activities can attract payment beyond merely receiving expenses. Peer Associates have the option of considering whether they wish their participation to attract payment⁵. If they elect to receive payment, they will have to formally apply to Mersey Care's Additional Staffing (Bank) where they will be formally employed by the trust on a sessional (hourly) basis. The People Participation Team will be able to advise on this process.
- 11.4.3 Peer Associates recruited to the Additional Staffing (Bank) will be expected to adhere to the Trusts policies, procedures and processes. They will work to an approved role outline for the role of Peer Associate. Please note - any service users and carers wishing to join the Additional Staffing (Bank) will be required to pay for their own DBS check. These roles do not attract travel expenses.
- 11.4.4 **Applying to be a volunteer when working as a member of staff**
- 11.4.5 Staff should complete an application form and return it by email to volunteering@merseycare.nhs.uk
- 11.4.6 Staff will be invited to attend an informal interview. If successful they will have their photograph taken which will be used to produce their volunteer badge.

⁴ Please refer to paragraph 3.1.1(e) above.

⁵ Mersey Care recognises that some people do not wish payment either because it may impact on their benefits or because they wish to volunteer without payment.

- 11.4.7 If staff have a current Mersey Care NHS Foundation Trust DBS they will need to bring it with them to interview. If they do not, they will need to have a DBS check.
- 11.4.8 Staff will need to obtain a letter from their GP to detail their inoculation history and return it with a health assessment form to the Occupational health Department (the address is on the health assessment form).
- 11.4.9 The People Participation Team will request two references;
- 11.4.10 Once all checks have been completed staff will be placed in a volunteering role. Staff will not need to undertake volunteer induction training as this will have been covered in staff induction.

11.5 Unsuccessful applicants

- 11.5.1 All unsuccessful applicants will be notified by the People Participation Team and a rationale given.

12 PLACEMENT

- 12.1 Once the People Participation Team have been informed that all of the checks have been cleared the Service User/Carer and Volunteer Lead will place the participant.

13 REVIEW PROCESS

- 13.1 The Trust is responsible for the training, supervision and support of participants. The Trust's review process helps the trust to identify the training and support participants may require, as well as ensuring that both the participant and the trust continue to mutually benefit from the activities being undertaken.
- 13.2 The review process has three components
- (a) **Quarterly meeting** – this will be between the participant and either their immediate service supervisor or the relevant service user/carer and volunteer lead and is intended as a regular opportunity for the participant and the trust to discuss their on-going activities. This can be in either a one to one or a group setting;
 - (b) **Annual pathway review** – this will take place between the participant and the appropriate service user/carer and volunteer lead. The intention of these meetings is identify any training needs and/or support required. The Pathway Review plan should be shared with the People Participation Team.
 - (c) **Three-year 'tenure' review** – this is only intended for service users and carers where they are engaged in activities⁶ which are only open to people who are service users or carers, we require you to either be an existing services user or carer or have recent experience within the last three years of being a service user or carer. The 'tenure' review will be led by the Patient Participation Team, but will also involve consultation with a participant's immediate supervisor, their appropriate service user/carer and volunteer lead and others such as the chairs of any relevant committees or sub-committees a participant may be involved with (where applicable). It will consider matters of whether a participant's experience is within the last three years, their attendance at activities, their wishes and aspirations. This **does not mean** that after three years participants will no longer be able to volunteer, but it may mean they will be asked to consider other activities so that service users and carers with more recent experience have the opportunity to participate in such activities.

⁶ See the types of activities in paragraph 3.1.1 above

- 13.3 In addition the People Participation Team will host a series of informal drop-ins at locations across the Trust to enable volunteers to meet together and raise issues or celebrate achievements.

14 LEAVING THE PEOPLE PARTICIPATION PROGRAMME

- 14.1 Participants can leave the People Participation Programme at any time; they will be asked to notify the service user/carer and volunteer lead who will conduct an exit interview. The People Participation Team will need to be informed.

15 EXPECTED STANDARDS OF CONDUCT

- 15.1 When volunteering for Mersey Care we expect participants to act in accordance with the Trust's values and the same standards of conduct as we would any member of staff. That is why we expect all participants to:

- (a) make themselves familiar with the Trust's policies and procedures⁷;
- (b) undertake the necessary training identified by the Trust; and
- (c) comply with the Trust's policies and procedures (where applicable).

- 15.2 In particular you need to take account of the Trust's

- (a) *Staff Charter*; and
- (b) the *Standards of Business Conduct (F04)* policy.

16 COMPLIMENTS AND COMPLAINTS

- 16.1 Volunteers will be informed if they receive compliments and this will be formally documented on their personal file and held on the central People Participation Database.

- 16.2 If a complaint is made, either formally or informally, this will be discussed with the volunteer and investigated. The volunteer will be supported throughout the investigation, and when the outcome is made known.

17 FRAMEWORK DEVELOPMENT AND CONSULTATION

- 17.1 The policy and procedure was developed by the Head of Inclusion and Participation Development following consultation with the following:

- (a) Service User and Carer and Volunteer Lead Officers;
- (b) Shadow People Participation Group (Now the Service User and Carer Assembly);
- (c) Co-production Group;
- (d) Trust Board;
- (e) Trust Secretary;
- (f) Information Governance Manager;
- (g) Human Resources Business Partner (Corporate Services);
- (h) Additional Staffing;

⁷ Policies and procedures are available on the trust's public website – www.merseycare.nhs.uk – by first clicking on the *Working for Us* link in the menu and then by selecting *Policies and Procedures* from the menu.

(i) Finance Department;

(j) IT Department.

18 PROCESS AND COMPLIANCE MONITORING

18.1 The Director Social Inclusion and Participation will provide annual reports to the Service User and Carer Assembly; these will be subsumed into the annual report on Social Inclusion and Participation.

18.2 The policy will be audited annually. The main anticipated outcomes from the policy are:

(a) an increase in volunteering;

(b) improved service user and carer experience;

(c) an increase in social inclusion in relation to service users;

(d) an increase in employment in relation to service users.

SERVICE USERS AND CARERS PARTICIPATION IN HIGH SECURE SERVICES PROTOCOL

1 APPLICATION

- 1.1 This protocol should be read in conjunction with the Framework for the People Participation Programme and applies to all participants in the People Participation Programme who will be participating in activities at Ashworth Hospital.

2 AIMS

- 2.1 This protocol recognises that High Secure Services by their very nature raise particular challenges for the involvement of participants in the People Participation Programme. The aims of this protocol are to ensure that participants in the People Participation Programme are enabled to be involved in High Secure Services in a managed way that ensures good outcomes both for participants and for the High Secure Services.

3 ASHWORTH VOLUNTEER REGISTER

- 3.1 The Participation Lead for High Secure Services will create and maintain an up to date list of participants in the People Participation Programme who are currently involved in High Secure Services and the activities they are involved in – this will be known as the Ashworth Volunteer Register.
- 3.2 The number of participants in the People Participation Programme involved in High Secure Services will be limited initially to a total of 25 persons, although the number will be subject to annual review in line with any change in requirements for involvement.
- 3.3 The list of names of those involved and the deletion from / addition to of any names on the Ashworth Volunteer Register will be overseen by the Head of Nursing and Patient Experience on behalf of Executive Director of Nursing and Secure Services to ensure risks can be identified and managed at an early stage and any necessary requirements/ supports for involvement can be put in place.
- 3.4 Participation will continue to be co-ordinated via the People Participation Team from within the pool of identified service user and carers.

4 TRAINING AND SUPPORT

- 4.1 It is a requirement that any service users and carers from across the Trust being put forward to be involved in High Secure Services:
- (a) meet the person specification for that involvement opportunity;
 - (b) are properly trained and supported by the relevant lead officer for the activity in which they are to be involved.

5 ORIENTATION

- 5.1 Participants in the People Participation Programme who are on the Ashworth Volunteer Register will be provided with an appropriate orientation Participation Lead on behalf of the Patient Care and Rehabilitation Group. This orientation will include:
- (a) an overview of the Secure Division and how it is arranged;

- (b) an overview of the number and type of patients at Ashworth Hospital;
- (c) an overview of the patient experience;
- (d) any other information relevant to that involvement opportunity. For example, those involved in recruitment of high secure staff will be provided with the list of questions to be asked of candidates; these have been agreed with high secure patients.

5.2 The orientation to Ashworth Hospital may/may not include a visit “behind the wall” depending on the necessity for this related to the type of involvement proposed and taking account of any particular risks identified/pertaining at the time.

6 APPROPRIATE LOCATIONS FOR INVOLVEMENT ACTIVITIES

6.1 Managers at Ashworth Hospital should be mindful as to the appropriate location of any involvement activities and assess whether there is a need for/the risks associated participants in the People Participation Programme “going behind the wall” and how they are to be managed.

7 ADVICE

7.1 The Director Social Inclusion and Participation is available to offer advice and should always be advised at an early stage of any issues of concern about the application of this protocol so that they can, if necessary, resolve the matter with the Director of Operations (Secure Division).

INVOLVING PEOPLE WITH DEMENTIA

1 PURPOSE

- 1.1 This appendix sets out some guiding principles for the participation of people with dementia in various groups and projects to support their wellbeing.

2 WHY INVOLVE PEOPLE?

- 2.1 People with dementia are able to give the best insights into services and into what it is like to live with dementia. This is important for providers of services as it enables a better fit between what people require and the services that are provided. Carers' views are also important but offer a different perspective to the person living with dementia so both views are important. The person's wellbeing is always paramount and it is vital that this is considered in any kind of participation.
- 2.2 In the past, people with dementia were not involved in service planning and development as there was a widely held view within society that this was not possible. This is not the case:
- (a) people with dementia can contribute their own experiences of living with dementia and are in the best position to advise organisations;
 - (b) participation contributes to reducing stigma, challenges preconceptions, reduces discrimination and enables people with dementia to feel valued;
 - (c) traditionally services have been designed based on professional's opinions of what is required. This has led to services not fully meeting the needs of those accessing them.

3 WHAT IS PARTICIPATION?

- 3.1 A range of practical ways in which the views and preferences of people with dementia and their families can be sought and used to influence service planning and development. This could include representation by people with dementia on a range of projects, developing and commenting on products and services, interviewing staff etc.

4 PERSON CENTRED PARTICIPATION

- 4.1 Participation promotes the autonomy of the person, however dementia is a condition that changes over time and therefore there is a need for careful governance. The right balance needs to be sought between autonomy, balancing rights and risks but also protecting the person from harm or exploitation. For this reason careful consideration has been given to a proactive approach that has the person's best interests at its centre.
- 4.2 As with all areas of dementia no one size fits all, people have different abilities and personal qualities therefore a range of opportunities for participation should be offered, considering:
- (a) the wellbeing of the person should be the guide for participation, if people appear to be struggling in anyway then the situation should be reviewed;
 - (b) there are many different ways of involving people and creativity is needed;
 - (c) for some it is lobbying on the national stage, for others it is attending meetings, for others commenting on their care, attending peer support events etc.

- (d) it is more challenging to involve people less able to contribute in this way but it should still be done, a prevailing view that it cannot be done means people do not attempt to try. The best placed people to do this are staff working with those people on a daily basis;
- (e) involvement should empower and stimulate and should always be for the benefit of the individuals involved;
- (f) the participation of a range of people is preferable. Not always using the same ones ensures that you will hear different views – the view of one person with dementia will not necessarily be reflective of the views of all people with dementia.

4.3 The following is a list of some of the benefits of having people with dementia participating in trust activities

- (a) it allows the person to be treated with respect and dignity;
- (b) it can increase confidence, self esteem and sense of worth;
- (c) it provides a role and a purpose for the person (often threatened by a diagnosis of dementia);
- (d) it contributes to removing stigma;
- (e) it enables people to meet others and gain peer support;
- (f) it enables organisations and services to 'get it right' as they understand more clearly the needs of people with dementia;
- (g) it provides personal perspective to living with dementia that no one else can provide;
- (h) it 'changes people's minds' about people with dementia;
- (i) it can impact on whole organisations views.

5 PRINCIPLES

5.1 When engaging with people with dementia we must:

- (a) ensure people feel valued and that any contribution they make is respected and valued by those hearing it;
- (b) start small and build up gradually, use what already exists and build on it rather than starting from scratch;
- (c) ensure people are treated with sensitivity and understanding, staff who have clinical experience and well developed communication skills can advise or support;
- (d) consider using buddies who can support people to attend, contribute (can be other service users and carers or volunteers);
- (e) ensure language used is understandable and free from jargon (written information as well) this ensures a wider range of people can be involved;
- (f) use a range of communication techniques and consider pacing, hearing issues and use of interpreters if required (Dementia North 2005);
- (g) in respect of consent and information – we must provide clear accessible information in different formats, people need to understand what they are doing, why and give informed consent;

- (h) ensure we provide feedback - a vital element - if people feel their input has led to nothing they become disheartened;
- (i) ensure continuity, when one project finishes it is important to give further opportunities;
- (j) ensure we provide induction and training that is helpful

6 WHERE CONSIDERATION IS REQUIRED

6.1 Managing the process of participation

- 6.1.1 It is necessary to have a systematic approach to involving people so there can be a way of ensuring person centred participation and ensuring everyone's wellbeing is maintained. If there is no structure in place people can be overwhelmed with requests, have difficulty saying no and find themselves over committed and tired which is not helpful. It is also important in terms of protecting people from potential exploitation.
- 6.1.2 As it is difficult to manage if people are all responding individually it would be preferable for all requests for participation to come into a central point (project steering group) where the workload can be discussed, monitored and people can volunteer accordingly. This also provides a structure for ensuring that people are reimbursed for their time, travel etc.
- 6.1.3 People can participate in whatever they like, however if there is no structure in place then it is not possible to ensure people do not take too much on and become over committed. Structure will help ensure that people are involved in things which they want to be involved in and are supported in the process. Following this guidance should help the monitoring process.

6.2 Checking it's not too much

- 6.2.1 Those requesting service user participation need to be mindful of the amount of commitments the person is taking on. If the person has capacity they can be involved as much as they want to be but those requesting participation need to be mindful of the workload of the person. It is important to review participation regularly. It is the responsibility of the project steering group to identify a person to co-ordinate this.
- 6.2.2 Sometimes the way each person perceives something can be different from how situations are perceived by others. If anyone becomes concerned about the load that involvement is having on an individual they should refer to the identified person on the project steering group who will review the situation. The way dementia affects each person is different and they may want to be involved in everything but it may actually be too much either cognitively or emotionally.
- 6.2.3 Look for the following signs: people not coming to meetings, making excuses to leave, sitting back and not contributing, looking bored or distracted, becoming unsettled. These are all indicators that something is not right and need to be addressed

7 Guidance about changing abilities

- 7.1.1 Dementia is a progressive condition which changes over time. Therefore participation of people with dementia needs to be considered carefully in terms of changing abilities.
- 7.1.2 This needs to be handled sensitively. The person may well have noticed changes themselves so a good starting point is to discuss how things are going. It is essential the person does not feel like a failure, it's really important their wellbeing is paramount. If the person perceives that they are starting to struggle then offer them alternatives for keeping involved, offering another role is always preferable to just stopping .

7.1.3 If the person does not perceive that there is a problem (which may be the case), the situation needs to be reviewed with that person's family member and a professional if appropriate. Again suggesting alternative ways of remaining involved is important.

7.2 Is this activity ok for this person?

7.2.1 Cognitive challenge - it is important that what you are asking the person to do is within their ability. If you ask a person to do something which is too difficult then they will be unable to do it and that leaves them feeling upset and affects their self esteem which is already threatened by dementia.

7.2.2 Discuss the expectations clearly with the person and check out their understanding of this. It is important to ensure their capacity. If they are sure and you feel they have capacity to understand then go ahead.

7.2.3 If you are unsure and the person is unsure then involve their next of kin with their permission. You could always check this further if you are concerned by asking a professional who knows them well with their consent.

7.2.4 If you both decide they are not able to be involved in the particular project, offer alternatives. If people want to be involved this should be encouraged and alternative ways of being involved should be sought

7.3 Checking Capacity

7.3.1 Capacity is the word used to describe the ability of the person to make their own decisions. To do this a person has to be able to understand what is being said, take in the information, weigh it up, make a decision and communicate their decision. Capacity should be assessed for each decision and it is not a one off decision. People need to understand what they are being asked to do before becoming involved. Often we use a lot of unnecessary words which are jargon and not easily understood. People find straightforward language easier to understand. Be clear and concise, sometimes people prefer written information. If you are unsure about capacity you should check with someone who knows the person well i.e. family member, mental health practitioner.

7.4 Getting Consent

7.5 It is important that you have the person's consent to participate. If the person does not have capacity then they cannot consent i.e. if they don't understand what you are asking them to do then agreement to participate is not valid. Consent must be sought to participate in projects. Separate consent must be sought on each occasion involving photographs being taken and any kind of media related activities. If the person has capacity that stands with the person's permission, it is good practice to ask their relative as well.

8 ORGANISATIONAL CONSIDERATIONS

8.1 The following are the organisational considerations when developing participation opportunities for people with dementia

- (a) it is impossible to involve people with dementia and families without commitment at many levels within organisations.
- (b) in the past involvement has often been tokenistic, often with one or two people, often carers not people with dementia
- (c) ensure that the voices of people with dementia are heard, their views are taken seriously and feedback is given

- (d) if organisations are sincere about meaningful engagement there has to be recognition of the value of participation
- (e) 'there are two things needed for an organisation to succeed in participation. One is determination to make it work... the other is willingness to change...'NICE SCIE guideline to improve care of people with dementia 2006.
- (f) there needs to be strong leadership around the issue.
- (g) provision for practicalities including financial reimbursement, transport, venues, support should be made.
- (h) use staff expertise around communication and ensure staff have the necessary communication skills to adapt their approach as necessary.
- (i) involve people with dementia and carers in their own right - each has their own view it is not the same.
- (j) identify emerging participation activities and then support development
- (k) ensure necessary training and support is given.
- (l) co-creation and co-production are the gold standard therefore efforts should be made to involve people from the beginning and at every stage.

9 GETTING INVOLVED

9.1 Has someone asked you to participate?

9.1.1 Use this list to help it run smoothly:

- (a) have staff clearly explained what they would like you to get involved in e.g. how much time it will take, what exactly it will involve, how will they use your input;
- (b) have you got written information so you can discuss it with your family;
- (c) do you want to participate? Is it something you are interested in?
- (d) staff should ask you to give your consent – this means check out that you understand about the project and what is expected and agree to get involved;
- (e) if you agree it's a good idea to arrange everything through the group you are involved with – Mersey Care, Innovate Dementia, Service User Reference Group, Dementia Action Alliance etc.;
- (f) if you agree to do things separately there is no one to oversee this and check it is not overwhelming or ensure you are involved in the things you want to be;
- (g) the group you are involved with should regularly check things with you and your family if appropriate to;
- (h) it should be enjoyable, if it isn't speak to the staff member;
- (i) it should be presented in a way that is understandable , if it isn't speak to a staff member;
- (j) it is ok to change your mind – if you decide it is not the right thing for you to participate just speak to the person leading the activity;

- (k) you can get support with travel costs so if this has not been discussed please ask a staff member.

Equality and Human Rights Analysis

Title: Framework for the People Participation Programme

Area covered: Trust wide

What are the intended outcomes of this work? *Include outline of objectives and function aims*

To provide a framework for service users, carers, staff and the public to participate in the activities that support Mersey Care.

Who will be affected? *e.g. staff, patients, service users etc*

Volunteers, service users, carers, staff, members of the public

Evidence

What evidence have you considered?

No evidence of analysis having been undertaken over the past two years. This action is included in the action plan to be completed by end February 2017.

Disability (including learning disability)

The introduction of this policy into this newly acquired service needs to be analysed over the next six months and the positive and negative impacts acknowledged (Section 7). Specialist Learning Disability Service currently pays their service users; this practice will cease on 1st January 2017.

It is noted that there is an acknowledgement that reasonable adjustments may be required in 4.4 and 6.4; there needs to be a clear process of implementation and evidence of where and why these are not able to be met.

The duty of ensuring that the reasonable adjustment process is adhered to lies with the People Participation Team, Trust Supervisors, Chairs of Committees and Participation Lead in Secure Services.

Sex

See cross cutting

Race

See cross cutting

Age

Noted the positive inclusion of supporting people with dementia to volunteer. It is noted that the process needs to be reviewed to ensure that it is appropriate for people with dementia.

Gender reassignment (including transgender)

See cross cutting

Sexual orientation

See cross cutting

Religion or belief

See cross cutting

Pregnancy and maternity

See cross cutting

Carers

See cross cutting

Other identified groups

Cross Cutting

The checks that are required in order to approve a volunteer can potentially hinder people; service users often do not have sufficient information to be processed for a DBS under routes 1-3 this has a financial implication, occupational health checks can also be a barrier.

The additional staffing bank recruitment process is an additional requirement for service users and carers and may be difficult if they do not have relevant experience.

A systematic approach to the monitoring and analysis of participants in terms of protected characteristics.

A system in place to ensure that participants are asked their preferred style of communication throughout the whole process (Section 10).

Ensure that the system in place for becoming a peer associate does not exclude individuals in the way that it is administered (Section 11.4).

Ensure that the system in place for staff wishing to volunteer does not exclude individuals in the way that it is administered (Section 11.4.4).

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	Supportive of a Human Rights Based Approach
Right of freedom from inhuman and degrading treatment (Article 3)	Supportive of a Human Rights Based Approach
Right to liberty (Article 5)	Supportive of a Human Rights Based Approach
Right to a fair trial (Article 6)	Supportive of a Human Rights Based Approach
Right to private and family life (Article 8)	Supportive of a Human Rights Based Approach
Right of freedom of religion or belief (Article 9)	Supportive of a Human Rights Based Approach
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	Supportive of a Human Rights Based Approach
Right freedom from discrimination (Article 14)	Supportive of a Human Rights Based Approach

Engagement and Involvement <i>detail any engagement and involvement that was completed inputting this together.</i>
No engagement to complete this analysis

Summary of Analysis <i>This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010</i>
Eliminate discrimination, harassment and victimisation It is noted that the process has set out to ensure that people who use Mersey Care Foundation Trust services are offered opportunities to participate as a part of the Trust's process to eliminate discrimination.
Advance equality of opportunity It is noted that the process has set out to ensure that people who use Mersey Care Foundation Trust services are offered opportunities to participate as a part of the Trust's process to advance equality of opportunity

Promote good relations between groups

It is noted that the process has set out to ensure that people who use Mersey Care Foundation Trust services are offered opportunities to participate as a part of the Trust's process to promote good relations between groups.

What is the overall impact?

This is a supportive policy which does require improved analysis.

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development/change in relation to the protected characteristics and vulnerable groups

Action planning for improvement

We have detailed a number of actions and an action plan will be put in place.

For the record

Name of persons who carried out this assessment:

Meryl Cuzak
Jane Holland
Neil Tunstall

Date assessment completed:

21 November 2016

Name of responsible Director:

Elaine Darbyshire

Date assessment was signed:

Action plan template

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring			
Engagement			
Increasing accessibility			