



## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

### THIS IS A PUBLIC DOCUMENT

<b>Title of Policy: Absent Without Leave Policy August 2022</b>	
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<b>Directorate: Adult Mental Health and Learning Disability</b>	<b>Department: Adult Mental Health</b>
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<b>Short Description of Policy</b> This guidance aims to identify action to be taken in all instances of a patient being absent without leave (AWOL) from any adult mental health/learning disability hospital, residential, nursing or day care facility.	
<b>Final Recommendations:</b> (please tick as appropriate)	
1.	<b>GREEN: No equality issues/impact: no further action</b>
2.	<b>AMBER: Minor equality issues/impact: actions identified</b> ✓
3.	<b>RED: Major equality issues/impact: full EQIA recommended</b>
Please send draft completed form for quality assurance to <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a> For further information on quality assurance see page 3, section 3.	
<b>Final Approval Date:</b>	

## (1) INFORMATION ABOUT THE POLICY OR PROPOSAL

### 1.1 Title of policy or proposal

#### Absent Without leave Guidance August 2022

### 1.2 Description of policy or proposal

This guidance aims to identify action to be taken in all instances of a patient being absent without leave (AWOL) from any adult mental health/learning disability hospital, residential, nursing or day care facility.

The general principles within this policy should be applied to any patient, detained or voluntary, who has been identified as being AWOL. In all such instances, a risk assessment should be carried out immediately to determine the level of risk which will in turn inform the action to be taken. This guidance aims to:

- Support staff in identifying when a patient should be regarded as Absent Without Leave (AWOL);
- Minimise the risks to patients and/or others including the risk of disruption to their treatment and care plan;
- Support staff in identifying the use of Police (PSNI) in a timely and appropriate fashion;
- Establish a formal and robust reporting and monitoring procedure for AWOL's across the HSC;
- Ensure lessons learnt are appropriately communicated to inform practice via DATIX reporting system and Risk Management;
- Engage with all stakeholders internal and external to ensure that the guidance is inclusive;
- This guidance was updated utilizing the best practice guidance (Nice 136) and all other operational policies and procedures that has relevance to this document.

### 1.3 Main stakeholders affected (internal and external)

- Consultant Psychiatrists (WHSCT)
- Junior Medical Staff (Adult Mental Health and Disability)
- Ward Managers (Carrick, Evish, Lime and Elm Wards, Rathview House)
- Nursing Staff (Carrick, Evish, Lime and Elm Wards, Rathview House)
- Service Managers Crisis Response Home Treatment (CRHT) teams
- Head of Service (CRHT)
- Peer consultant
- Service Users
- Families/Carers
- PSNI

### 1.4 Other policies or decisions with a bearing on this policy or proposal

- NICE Guidance 136 Service user experience in adult mental health
- The Report of the Inquiry Panel (McCleery) to the Eastern Health and Social Services Board 2006.
- The Report of the Inquiry Panel (McCartan) to the Eastern Health and Social Services Board 2007.
- The Report of the Inquiry Panel (O'Neill) to the Western and Eastern Health and Social

Services Boards 2007.

- The Mental Health (Northern Ireland) Order 1986/
- Mental Health Capacity Act/ Deprivation of Liberty (December 2019)
- Code of Practice on Protecting the Confidentiality of Service User Information (DHSSPSNI, 2012)
- WHSCT Data Protection and Confidentiality Policy November 2018
- You in Mind Regional Mental Health Care Pathway (Oct 2014)
- You in Mind Acute Care Pathway (October 2018)
- Making Communication Accessible for All. A guide for health and social care (HSC ) staff (March 2016)
- WHSCT Management of Locked Doors, Access and egress Policy

## (2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

### 2.1 Data Gathering

#### 2.1.1

Census 2011 info for WHSCT population  
 Consultation with clinical staff across programmes of care.  
 PARIS reports  
 Datix audits and shared learning across the WHSCT and regionally  
 Team Health Checks  
 Complaints  
 Serious Adverse Incident (SAI)/Serious Event Audit (SEA) Reviews

#### 2.1.2 How did you involve people?

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

**Consultation and Engagement Statement:** In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

The Draft guidance was circulated to all professional groups, nurses, medics, psychologists, social workers, Occupational Therapists; through their governance structures.

It was circulated to community mental health teams and professional leads (as outlined above) for consultation.

Discussion at senior management, Directorate and corporate governance

Consultation with peer consultant- feedback from service users and carers, CAUSE.

Meetings took place over a period of time ensuring that all stakeholders were included in the consultation period.

## 2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

<b>Category</b>	<b>Service Users, etc. Census 2011 Statistics for Western Trust Area</b>	<b>Staff Acute Psychiatry staff April 2023</b>
<b>Gender</b>	Male: 146,051 Female: 148,366 *(this includes under 18s also who do not avail of this service)	Female 214 Male 51 Total 265
<b>Age</b>	18 – 19: 8,097 20 – 24: 19,865 25 – 29: 20,097 30 – 44: 61,230 45 – 59: 56,781 60 – 64: 15,380 65 – 74: 22,101 75 – 84: 12,301 85 – 89: 2,878 90+: 1,333	16-24yrs 19 25-34 yrs 97 35-44yrs 61 45-54yrs 53 55-64yrs 32 65+ 3 Total 265
<b>Religion</b>	Catholic: 182,996 (32.16%) Presbyterian: 29,353 (9.97%) Church of Ireland: 37,154 (12.62%) Methodist: 4,900 (1.66%) Other Christian: 7,212 (2.45%) Other religions: 1,475 (0.50%) No religion: 12,199 (4.14%) Religion not stated: 19,128 (6.50%)	Protestant 22 Roman catholic 180 Not determined 63 Total 265
<b>Political Opinion</b>	Based on first choice votes held by electoral office. Nationalist: 86,834 (53%) Unionist 61,995 (38.06%) Other: 14,025 (8.62%) Overall total: 162,854	Unionist 5 Nationalist 49 Other 24 Not determined 187 Total 265
<b>Marital Status</b>	Marital Status: All usual residents aged 16 and over (229,329) Single: 87,557 Married: 106,383 In registered same-sex civil partnership: 161 Separated but still legally married: 9,678 Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 11,063	Married 95 Single 146 Other 24 Total 265

	Widowed or surviving partner from a same-sex civil partnership: 14,487	
<b>Dependent Status</b>	<p>All families in households: 77,758 Households with no dependent children: 37,650 Households with children: 76,204</p> <p>Residents who: Provide 1-19 hours unpaid care per week: 17,538 Provide 20-49 hours unpaid care per week: 5,859 Provide 50+ hours unpaid care per week: 9,096 Provide no unpaid care: 261,924</p>	<p>Yes 42 No 75 Not known 148 Total 265</p>
<b>Disability</b>	<p>Long-term health problem or disability: Day-to-day activities limited a lot: 37,988 Long-term health problem or disability: Day-to-day activities limited a little: 26,351 Long-term health problem or disability: Day-to-day activities not limited: 230,078</p>	<p>Yes 4 No 161 Not known 100 Total 265</p>
<b>Ethnicity</b>	<p>White: 290,923 (98.81%) Chinese: 486 (0.17%) Mixed: 740 (0.25%) Irish Traveller: 251 (0.09%) Indian: 893 (0.30%) Other Ethnic Group: 294 (0.10%) Pakistani: 99 Black African: 115 (0.04%) Black Caribbean: 64 (0.02%) Black Other: 58 (0.02%) Bangladeshi: 21 (0.01%) Other Asian: 473 (0.16%)</p>	<p>White: 186 Chinese: 0 Mixed: 1 Irish Traveller: 1 Indian: 1 Pakistani: 0 Black African: 0 Black Caribbean: 0 Black Other: 0 Bangladeshi: 0 Other Asian: 0 Other 1 Not Assigned : 75 Total 265</p>
<b>Sexual Orientation</b>	Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area.	<p>Opposite sex 146 Same sex 4 Same and opposite sex 2 Not known 113 Total 265</p>

### 2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	<b>Needs and Experiences</b>	
<b>Equality Group</b>	<b>Service Users, etc.</b>	<b>Staff</b>
Gender	No identified issues	No identified issues
Age	No identified issues	No identified issues
Religion	No identified issues	No identified issues
Political Opinion	No identified issues	No identified issues
Marital Status	If a client is AWOL Family members/ Carers will be advised and kept updated in a format that meets their communication needs.	No identified issues
Dependent Status	If a client is AWOL Family members/ Carers will be kept updated in a format that meets their communication needs.	No identified issues
Disability	<p>All the current clients have mental health problems or dementia and some have a range of other disabilities. The support and care needs that are specific to people with different disabilities will be carefully assessed and responded to as fully as possible. Any other client needs related to disabilities will be fully addressed.</p> <p>Alternative formats will be made available, as required, e.g. Braille, large font, etc. Sign language interpreters will be provided, as required.</p>	This guidance document and any associated documents will be made available in alternative formats for staff, as required, including e.g. Braille, large font etc. Any additional training will also be adapted for staff as required.

Ethnicity	Interpreters will be booked for those clients/carers/families who do not have English as a first language and written translation of information provided in line with Trust guidelines.	Policy will be available in different languages as per Trust guidelines.
Sexual Orientation	No issues identified	No issues identified
Other Issues: e.g. Rurality	No issues identified	No issues identified

**2.4 Multiple Identities:** When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

When reviewing this policy no additional issues were identified in relation to multiple identities.

## 2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts
<b>Martial Status – Service users</b>	The updated guidance incorporates the needs of children, partners, significant others/family care givers who may be dependent on them or on the individual using the service. If a client is AWOL Family members/ Carers will be advised and kept updated in a format that meets their communication needs.
<b>Dependent status – Service users</b>	The updated guidance incorporates the needs of children, partners, significant others/family care givers who may be dependent on them or on the individual using the service. If a client is AWOL Family members/ Carers will be advised and kept updated in a format that meets their communication needs.
<b>Disability – Service users</b>	All the current clients have mental health problems or dementia and some have a range of other disabilities. The support and care needs that are specific to people with different disabilities will be carefully assessed and responded to as fully as possible. Any other client needs related to disabilities will be fully addressed.  Alternative formats will be made available, as required, e.g. Braille, large font, etc. Sign language interpreters will be provided, as required.
<b>Disability-staff</b>	This guidance and any associated documents will be made available in alternative formats for staff, as required, including e.g. Braille, large font etc. Any additional training will also be adapted for staff as required.

<b>Ethnicity– Service users</b>	Interpreters will be booked for those clients/carers/families who do not have English as a first language and written translation of information provided in line with Trust guidelines.
<b>Ethnicity - staff</b>	Policy will be available in alternative language as per Trust Policy for staff

## 2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

<b>Group</b>	<b>Impact/Consequences</b>	<b>Suggestions</b>
Religion	Not Applicable	
Political Opinion	Not Applicable	
Ethnicity	Not Applicable	

### (3) CONSIDERATION OF DISABILITY DUTIES

**How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?**

N/A



#### (4) CONSIDERATION OF HUMAN RIGHTS

4.1 Does the policy or proposal adversely affect anyone's Human Rights?  
Complete for each of the Articles.

Article	Positive Impact	Negative Impact - human right interfered with or restricted	Neutral Impact
Article 2 – Right to life			✓
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			✓
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			✓
Article 5 – Right to liberty & security of person			✓
Article 6 – Right to a fair & public trial within a reasonable time			✓
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			✓
Article 8 – Right to respect for private & family life, home and correspondence.			✓
Article 9 – Right to freedom of thought, conscience & religion			✓
Article 10 – Right to freedom of expression			✓
Article 11 – Right to freedom of assembly & association			✓
Article 12 – Right to marry & found a family			✓
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			✓
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 <sup>st</sup> protocol Article 2 – Right of access to education			✓

If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.

**4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.**

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?*
			Yes/No

*\*It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.*

**4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.**

None
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## (5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

**How would you categorise the impacts of this proposal or policy? (refer to Guidance Notes for guidance on impact)**

Please tick:

<b>GREEN:</b> No impact	<input type="checkbox"/>
<b>AMBER:</b> Minor impact	<input checked="" type="checkbox"/>
<b>RED:</b> Major impact	<input type="checkbox"/>

**Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?**

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

**Please give reasons for your decision.** (See Guidance Notes, page 28, for sample paragraph).

This AWOL Guidance has been updated to reflect changes in best practice and in accordance with the regional AWOL Policy. Its overall aim is to ensure admission structures and processes and consistent, safe, efficient and effective for users of the service and staff.

This guidance aims to identify action to be taken in all instances of a patient being absent without leave (AWOL) from any adult mental health/learning disability hospital, residential, nursing or day care facility; and to:

- Support staff in identifying when a patient should be regarded as Absent Without Leave (AWOL);
- Minimise the risks to patients and/or others including the risk of disruption to their treatment and care plan;
- Support staff in identifying the use of Police (PSNI) in a timely and appropriate fashion;
- Establish a formal and robust reporting and monitoring procedure for AWOL's across the HSC; and ensure lessons learnt are appropriately communicated to inform practice

**The Scope of practice is to**

- Set out the standards that all adult mental health and disability staff within the Western Health and Social Care Trust are expected to comply with when a patient/service user is deemed to be "absent without leave".
- This guidance applies to all patients/service users who are deemed absent without leave from Grangewood, Tyrone and Fermanagh, Waterside Older People's Mental Health and Lakeview Hospitals and includes all residential, nursing or day care facilities serviced by Western Health & Social Care Trust staff.

Overall the updated guidance document once operational will improve the quality, experiences and outcomes for users of service and provide up to date guidance for staff to use in the event of an AWOL.

➤ **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening

relates to MUST include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

## (6) EQUALITY AND HUMAN RIGHTS MONITORING

**What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?**

The implementation of this policy will be monitored through internal audit arrangements alongside Regional audits on AWOL guidance.

SAI/SEA investigations that have occurred with reference to AWOL will be collated with a trend analysis around learning from these reviews and any recommended changes incorporated into the next review.

All complaints that have occurred in relation to this theme will be collated and trends analysed to ensure that themes are addressed ensuring that services are learning from reviews and complaints.

**Approved Lead Officer:** Karen O Brien

**Position:** Director of AMHLD

**Policy/Proposal Screened By:** Jackie Mc Cutcheon/ Kellie Mc Gilloway

**Date:** 28/03/23

**Quality Assurance:** Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: [equality.admin@westerntrust.hscni.net](mailto:equality.admin@westerntrust.hscni.net). **Quality Assurance can take up to three weeks.**

**Directorate SMT Approval:** The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

**Quarterly Equality Screening Reports:** When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.