Draft Involvement and Participation Policy and Procedures

V.4 – Board of Trustee Version

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1. Statement

We are Burton and District Mind.

It is our purpose to ensure people in East Staffordshire, Lichfield District and Tamworth Borough experience better mental health. We recognise that everyone in our community can contribute to our purpose and our mission.

In the aftermath of Austerity and Covid-19, our community faces mental health challenges that are unprecedented in living memory, and we cannot meet these challenges alone.

We recognise that our greatest asset is people with lived experience of mental health problems and their carers. Their empathy, experience and understanding of mental health recovery is as valuable as the skills and knowledge of our qualified team members.

To provide the best solutions that we can, it is essential that we build a deep understanding of the experiences and needs of people with mental health problems. It is vital that this insight drives everything that we do. Wherever we can, we will actively seek opportunities for people with experience of mental health problems to innovate and improve our services, to lead and guide our work and to include our own personal experience, where we have it.

This policy underpins our commitment to:

- recognise great work where it has been achieved.
- work in partnership with people with lived experience of mental healthproblems and their carers.
- work in partnership with people and with organisations with common purposes.
- welcome people with lived experience of mental health problems as equals.
- encouraging people with lived experience of mental health problems to join our team as trustees, paid staff, associates and/or as volunteers.
- close emerging gaps in our involvement and participation.
- empower our community to achieve even more.

2. Background

a. Vision and Values

Our vision is that people living in East Staffordshire, Lichfield, Burntwood, Tamworth and other areas should arise to experience better mental health.

We provide advice and support to empower everyone to experience better mental health through the following work streams:

- **Being Well**

- **Staying Well**

- **Living Well**

Our work is underpinned by our values:

- **Service Quality**   - **Respect**

- **Integrity**   - **Collaboration**

- **Client Focus**   - **Sustainability**

Our high standards are demonstrated by our commitment to the Mind Quality Mark and the attainment of this.

b. Definitions

- Board of Trustees is used to describe the body of people representing the community to oversee our charity's strategy and operation. They are there to ensure we are legal, safe, prudent and have a strong reputation.

- Carer is used to define a person with recognised day to day responsibilities for supporting a person with significant mental health problems, this is usually a partner or close relative.

- Chief Officer is used to describe the member of staff with overall responsibility to lead the Burton and District Mind team to achieve its operational targets.

- Five Ways to Wellbeing refers to the Foresight's five steps we can take to improve our mental wellbeing (www.gov.uk/government/publications/five-ways-to-mental-wellbeing)

- Involvement is the term used to describe the influence that participants can have on the services they receive, that others may receive and how the charity operates.

- Lived experience influence – Initiatives and activities that give people with lived experience the opportunity to shape and develop our work, including what is prioritised and how it is planned, delivered and evaluated.

- Lived experience influence and participation - The development and promotion of opportunities in order that a diverse range of people, with lived

experience of a mental health problem, influence and participate in our work. This recognises that people want to take part in a variety of different ways and there is not a 'one size fits all' approach.

- Lived experience leadership – The skills, experience, confidence and networks that people can develop through influencing and participation activities. This in turn builds the capacity of individuals through gaining confidence, learning new skills and have key experiences to support personal growth.

- Lived experience participation – Initiatives and activities give people with lived experience the opportunity to work with us in a practical way. This might include volunteering, facilitating or co-delivering service delivery.

- Mental health ambassador – a person who has identified themselves as a person who can actively represent people with lived experience of mental health problems due to a close connection or previous strong experience.

- Mental health problems are used to describe a range of health conditions relating to treatable symptoms that have altered people's emotions, thoughts and behaviours in a manner that restricts their quality of life.

- Participant is the term used to define a person receiving and/or benefitting from making use of a service we provide. Other services may use the term client, member, patient or service user. In some circumstances, when we discuss participants, we might also be referring to volunteers.

- Participation is the term used to describe the relationship between the participant and the service they are receiving.

- Participation and Involvement Sponsor is the term used to define a member of the Board of Trustees who plays an active role in checking and monitoring participation and involvement activity.

- Service user involvement is a term to designate a group of activities which makes use of the experience of service users to improve services or be used as identification of community need - this now seen as an outdated term.

- Service user is a term to designate a person in receipt of mental health services – this now seen as an outdated term.

- Stakeholder is term to define a person, group of people or organisation that affects or influences our work or is affected or influenced by our work.

- Team is used to describe the Burton and District Mind workforce that includes staff, associates, trustees and volunteers. Each person in the team will have role description that describes their involvement and an agreement which defines their relationship with the charity.

c. Policy Drivers

This policy is underpinned by the following policy drivers and has been produced with these documents in mind:

- Mind Quality Mark 2021 with reference to the Influence & Engagement standards
- 'We are Mind' Strategy 2021
- National Service User Networks' 4PI standards – Principles, Purpose, Presence, Process and Impact
- Burton and District Mind Strategy 2021-24
- Burton and District Mind Volunteering Policy
- Burton and District Mind Complaints Policy
- Burton and District Mind Equality and Diversity Policy
- Burton and District Mind Recruitment and Selection Policy
- Burton and District Mind Mental Health Ambassadors: A Living Report

d. Purpose: This is important to Burton and District Mind

Influence and participation are essential to the services we offer and the reasons behind why we do it. It is the responsibility of all team members to actively play a role in influence and participation, to make use of every opportunity to capture feedback, ideas, and experiences that will improve and better our service provision. Without having a deep understanding of what our audience require, we cannot hope to meet their expectations, which, of course is to get it right first time. The benefits of this match our charity values.

> **Influence and Participation is as important to Burton and District Mind as Health & Safety, Data Protection and Safeguarding!**

e. Benefits to Burton and District Mind

- Meaningful insight into our community will support our services to be more successful in terms of the number of participants we support and the deeper impact we can have on their lives.

  It improves our service quality.

- Our services and projects will be fit for a wider range of people and more suitedto meet the needs of our diverse community.

  It improves our client focus.

- Our services will build opportunities for people with lived experience of mentalhealth problems.

  It will improve mutual respect.

- Our work will have more authenticity and greater impact. The information and advice provide will be more useful and practical for those that receive it.

  It improves our integrity.

- Our campaigning and representation work will be more active, informed and authentic – our voice will represent the community.
  It improves our collaboration.

- Our fundraising will have targeted with clearer streams for spending and evidence of good use. We have an increased public and community profile, which increases our credibility to our peers, our stakeholders (those affected by our work), and our funders.
  It improves our sustainability.

f. Benefits to our community

- Provides value to the experiences of people, which can support turning negative experiences into valuable insight, and makes people feel valued.

- Provides opportunities for new skills and developing existing skills that can be useful in everyday life and for vocations ('Learning' is one of the Five Ways to Wellbeing).

- Being involved supports people to be connected ('Connect' is one of the Five Ways to Wellbeing). It also supports people to have more power and control over their lives and the services that help them.

- Sharing experiences brings people together and builds empathy.

- Involvement adds value to the idea that people with mental health problems have something to offer and tackles stigma and discrimination, including self-stigma.

- Services will be better positioned and informed to support relief of mental health problems and promote recovery, independence and resilience.

- People from communities that have challenges around mental health problems, such as Black, Asian, minority ethnic (BAME) communities, LGBTQ+ people, people with physical, sensory, cognitive impairments or learning disabilities, and other minorities feel better represented by Burton and District Mind and more confident in engaging with us and seeking support when they need it.

3. Recognising the successes and the challenges

What we used to call 'mental health service user involvement' has come along way over the last 50 years of mental health care within the UK. Although not perfect, there are now many instances where people with mental health problems now are positioned across many steps of the 'Ladder of Citizen Participation'.

Through person-centred approaches, informed decision making, advocacy, championing service user views and feedback, and working in partnership, we can recognise and celebrate where people with lived experience of mental health problems have more choice over their treatment, freedoms over their care navigation, and more diversity within decisions around routes to recovery and independence.

Over the last 30 years, we have seen the emergence of pressure groups and community development services, often public-funded, to promote 'service user involvement'. These include the National Service User Network (NSUN) and locally South Staffordshire Network for Mental Health (SSNMH), and Service User Reference Forum.

Internally, many services saw the benefits of having 'service users' at the heart of care planning and the involved in the delivery of services ("No decision about me, without me"). This was underpinned in legislation such as the Health and Social Care Act 2012 and the Mental Capacity Act 2005. We saw emerging initiatives such as Care Programme Approach and Peer
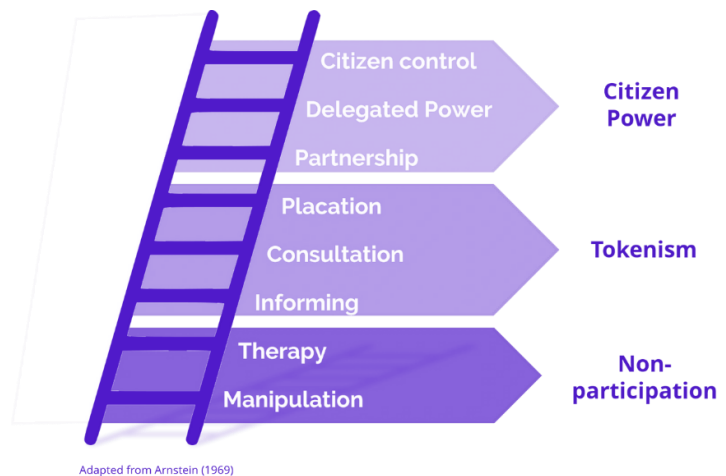

Adapted from Arnstein (1969)

Figure 1: https://curtiswitek.com/woodshed/f/a-ladder-of- citizen-participation?blogcategory=Planning+Theory

Recovery Services, underpinned by outcome-based recovery provision such as 'Wheel of Life', 'Recovery Star' and 'Wellness and Recovery Action Plans'. The mental health community embraced the ethos of Recovery – the concept that once challenges have been addressed, and negative symptoms and behaviours managed, a mental health problem should not limit a person's ability to live a fulfilling and meaningful life. The 'Realising Ambitions' Agenda made much of the role in meaningful employment in promoting recovery and building mental wellbeing resilience, and the 'Time to Change' anti-stigma and discrimination campaigns supported the rights of people with lived experience of mental health problems to be open about their experiences.

Unfortunately, the impact of Austerity (a group of policies and agendas introduced by 2010 in order to limit public spending as a response to the banking crisis in 2008), has had a disproportional effect on people living in poverty, with particular

reference to people with lived experience of mental health problems, see Cummins, I (2018) The Impact of Austerity on Mental Health Service Provision: A UK Perspective, at www.ncbi.nlm.nih.gov.
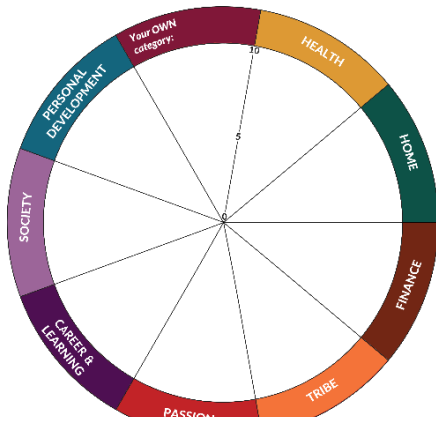

Figure 2: The Wheel of Life taken fromhttps://kaoni.org/wheel-of-life

National and local spending on mental health service provision was cut in real terms as both local authorities and NHScommissioners sought to rebalance budgets. The perception grew that the concept of recovery unfortunately became a way of limiting access to service provision or a way of ensuring timely discharge of services to prioritise growing need, caused by Austerity measures, see *Allin-Khan, R (2021) "The government has failed to deliver on mental health", New Statement.*

The impact of the above has been detrimental to traditional and established service user involvement routes. There are fewer groups for discussion and for raising awareness of broader issues. Having time limits on services confines the opportunity for people with lived experience to grow aware of involvement mechanisms as they recover, and as they become moreindependent and move away from services, there's less incentive to 'be involved'. In addition, people have become wary and exhausted by involvement opportunities commissioned by the public sector which, due to Austerity, often face the public perception that they conclude in working out which services to cut, ratherthan how to improve services. Participants are also suspicious of feedback forms, surveys and other evaluation methods as there is a perception that there is no return ontheir investment.

There is always the risk that some people with mental health problems do not know themselves what they want from service provision; they might be ofthe impression that the professional knows best that they have 'tried everything and nothing worked' or they just don't yet have insight or informationto decide. Participation and involvement are as much as sharing relevant and accurate information as it isabout collecting information.

Another traditional challenge for influence and involvement activities is the protection under the Mental Capacity Act 2005 for unwise decisions. We must be prepared for responses and for communication that others may consider to be 'unwise' and know how to respond with empathy and authenticity.

Covid-19 has further aspirated the situation. Many groups were forced to close or redevelop due to lockdowns andrestrictions. We have an emerging cohort of people with developing mentalillness because of social isolation, poor health (such as long-covid), anxiety due to restrictions (or withdrawal of restrictions), or the increased pressures and stresses being put upon them.

Yet there are some positives. We recognise that many people have kept emotionally and mentally well by helping others through covid-19 restrictions.

The Community Mental Health Mental Health Transformation Agenda provides new opportunities for the Voluntary Community and Social Enterprise (VCSE) sector in terms of new funding and new service provision. There has been significant involvement with the VCSE sector. Staffordshire County Council's public health team have produced a Community Champions initiative and mental health has captured that attention of the local Community Champions.

Over Summer 2021, Burton and District Mind was granted funds by Mind to provide a Mental Health Ambassador Forum. The Development and Sustainability team reached out to people primarily with lived mental health experience who have used their own recovery journey to further their careers, primarily (but not exclusively) in the VSCE sector where they have connection and work with under-represented communities. This project was overseen by a Steering Group with established members of the mental health community and members of Burton and District Mind's Board of Trustees.

Over several meetings, the Forum discussed topics such as "Are we in a mental health emergency", "Who can we influence and how?" and "What does Staffordshire need to do for mental health?". Much of this work informs this Policy.

"We might be in the same storm, but we are not in the same boat"
Mental Health Ambassador regarding Covid-19 restrictions

"There's always been a Mental Health Emergency – what we have now is a 'causes of mental illness' emergency – loneliness, exclusion, insecurity, fatigue, poverty, abuse..."
Mental Health Ambassador regarding the Mental Health Emegency

"What's kept me going through covid-19? Helping others."
Mental Health Ambassador regarding keeping well

4. Roles and Responsibilities

The **Board of Trustees** have overall responsibility for setting this policy and agreeing its procedures with the Chief Officer. They will ensure that clear links between Involvement & Participation, and strategy and operations are maintained with clear reference to other relevant policies. The Board of Trustees will nominate one of their own as a Participation and Involvement Sponsor.

The **Chief Officer** has responsibility for ensuring all team members have awareness and training on this policy and are adhering to the procedures outlined. The Chief Officer will appoint a Participation Lead who will actively support the Chief Officer in this matter.

The **Participation Lead** provides training around involvement, provide routes for involvement and participation as outlined by this policy, and addresses any matters raised by other team members that fall short of the standards. They will be the point of contact for involvement and participation throughout the charity. This is made clear in our communications.

All team members (trustees, paid staff, associates and volunteers) have a responsibility to ensure the procedures outlined are adhered to, as noted in induction, training and by use of operation manuals. This includes giving access to our evaluation systems, our volunteer programmes, and by inspiring participation and involvement.

Participants have an assertive invitation to feedback using the provided methods (such as Common Evaluation Framework), although in all communication it will be noted that involvement is discretionary.

5. Collaboration, Profile and Influence: Our Communication Strategy

a. Communication Statement

Burton and District Mind recognise the importance of timely, high quality and considered communication to all our stakeholders.

We are well connected locally and work effectively with other organisations. We use our connections to champion influence in our mental health community and wider community. We are proactive in promoting positive attitudes about mental health and challenging prejudice.

To achieve this, Burton and District Mind provides dedicated resources to ensure our communications can meet the high standards we set. This includes having a Communications Team and high quality IT systems. We recognise the expert work of our Federation in providing us with a clear and considered brand identity.
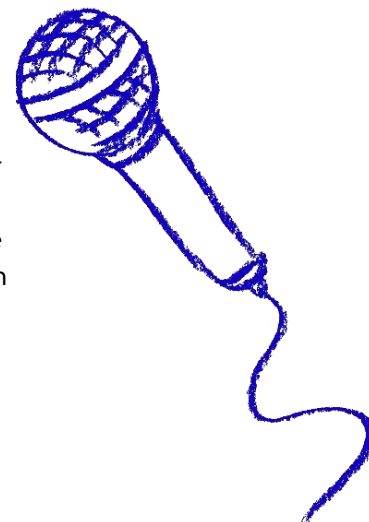
b. The Mind Federation Voice

Burton and District Mind recognise the Mind Federation Voice as follows:

We are Mind. We're a passionate group of people here to fight for mental health.

- We are Mind. Open, experienced, unstoppable, together.

- We connect minds. We support minds. We change minds.

- We're here to fight for mentalhealth. For support. For respect. For you.

Call to action: Join the fight for mental health

Strapline: For better mental health.

Open

First of all, we're approachable and easy to talk to. We don't 'fight' for people by giving them tough love or appearing judgemental about their choices. We use informal language, and show our interest in other people's thoughts and feelings.

Together

If we say we fight for everyone, we need to talk to everyone. We verbalise all kinds of mental health conditions beyond the well-known, and don't alienate people with jargon. We speak in first person, as one community. There's never an 'us' and 'them'.

Experienced

Knowledge is what makes us powerful. So, tell relatable stories and use empathetic language. When it comes to the government (or institutions we need on our side to make change), we relay facts and lived experiences in a simple, measured way.

Unstoppable

Finally, we're strong. We use short, powerful statements. And we encourage others to join the fight. We speak calmly, but with confidence – we're not going anywhere.

c. The Burton and District Mind Voice

To complement the Mind Federation Voice and to provide a more localised offer which takes local issues into account, the following messages have been coproduced by the Burton and District Mind Mental Health Ambassador Forum which met over 3 months in Summer 2021.

Please talk. We are listening to you.

You are worth the help. And together we'll find you help.

This can be broken down further to address clients:

For our participants:
- We are here for you.
- It's OK to ask us for help.

For our community:
- Who is looking after you?
- Now it's your turn for to ask for help.
- It's OK to join us.

For potential volunteers
- Helping others stay well can keep you well.

For the VCSE sector:
- We can help you to keep your team and your clients well.

For our team:
- We are compassionate in making our work more efficient.

Whoever our audience is, our "Voice" will with "EMPATHY":

Empathetic (non judgemental and from a place of understanding)

Mindful (recognising the effects it can have)

Professional (appropriate tone, polite, correct spelling and grammar)

Authentic (comes from a place of honesty and represents our community)

Trustworthy (is dependable and can be relied upon)

Hopeful (provides a positive message of hope that things will get better!)

You (focused on the audience's needs rather than the sender's)

d. Terms to be used

Burton and District Mind recognise and make use of the following terms:

- **Burton and District Mind** – it is extremely important that we present our charity and services as far reaching into our service area as possible. Please avoid using 'Burton Mind'. Also Mind as not an acronym, therefore please do not capitalise (i.e., MIND).

- **Participant** – a person who is accessing or has accessed mental health services.

- **People/person with lived experience of mental health problems.**

Training on usage will be given upon induction and further training and reminders provided.

e. Branding

Where possible, Burton and District Mind will use the brand identity provided by Mind as part of the Federation Agreement and as an acknowledgement of its value.

If supplied brand materials cannot be used, we will make use of the Mind guidance on images:

People	Moments	Locations and details
People are what inspire and drive us. When photographing people it is important that it feels authentic and natural, even when they are looking directly into the camera. This applies to individual as well as group photos. Our photography is inclusive and reflects the diversity of our audiences, supporters and beneficiaries. **They should:** – be natural, never look staged. People don't always have to be looking at camera – frame the person as the main point of focus. **They should not:** – be in a studio – use flash photography (unless it's needed to create the appearance of natural light) – appear forced.	Moments are there to capture people's stories. The camera travels around real environments capturing people going about their everyday life. This is good for showing events and activities. **They should:** – use light that is natural and soft – show people in context of daily life – be taken from eye level. **They should not:** – be taken from unnatural angles – use extreme close-ups of people or objects – use lens flare – be low quality and out of focus – use additional filters.	In this category we show people and their environments. Capturing the big picture locations and the small details that we can all relate to, helping with our storytelling. **They should:** – be completely unstaged – feature as much natural light as possible. **They should not:** – be cut-out on a flat colour background.

We will always ensure our funders and partners are recognised in promotional materials through use of their logos (using their provided guidance) and their supplied materials.

f. Use of Colours

Burton and District Mind recognise the Mind colour energy scales as below:

Energy scale examples

| How we sound | Always here. | Feeling the pressure? | Anxiety won't wait. | Fight for minds. |

To compliment these scales, we will use the Mind colours appropriately.

Blue – Charity and service information

Sky – Passive information sharing

Peach- Attention: new information

Green – Attention: new opportunity

Purple – community and involvement

Pink – Action, Mission, Donating

g. Communication Standards

We recognise that the value of an exchange of information should be measured in what you receive and not what you present. This means that we will assume a communication will fail unless we have confirmation that information is:

a) Delivered in a format that is recognised by our audience.
b) Can be remembered and summarised by our audience.
c) Allows time and processes for decision making by our community.

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d) And we have the appropriate resources to recognise the decision made and the appropriate resource to respond.

This means that communication must be:

- in clear English and/or translated as appropriate to audience.
- presented in a format that is appropriate to that audience (considering age/functionality/sensory issues).
- recognise that not everyone has access to the internet, nor should they need to be to access our information.
- recognising learning differences and dyslexia.
- checking images on colour blindness test.
- typed documents must be present in Mind approved fonts (if in doubt us Ariel) in as high a font size as reasonable – at least 11 or higher.
- our community will be polite, professional and balanced. This includes being spell checked, proof-read and starting communication with salutations and ending with a recognised complimentary close.
- where images are used of people, they must represent our community considering all protected characteristics of the Equalities Act.
- Where images are used of places, to be as authentic to those areas as possible.
- We will make it clear that there is no such as a silly question, that we are happy to repeat ourselves and clarity our meaning, language and de-mystify jargon as required.

We recognise that there is the tension between being specific and detailed in our information and remaining simple enough for everyone to understand us- this is a challenge due to the complexity of mental illness and mental health provision. We will do our best to get the balance right.

We must allow for opportunities for clarity and may request responses back to check the audience has understood the message – this might be as simple as asking 'do you understand?' during an involvement meeting or checking for 'likes' and 'shares' on social media.

We must allow for time for reflection, and perhaps provide a long deadline for responses so that the audience can deliberate. Where possible, we should allow for participants to check responses and confirm.

We must be prepared for all responses we get back and ensuring that they are valued and utilised appropriately.

We will provide feedback on how information has been used and utilised as appropriate to the information.

In addition, we will adhere to our Burton and District Mind 'voice' as above.

h. Service provision types

Burton and District Mind recognise that groups, services and projects offer an enormous range of provision to prevent mental health problems and alleviate the effects of mental health problems. We recognise the following informal terms to aid discussion and planning, with the awareness that there's some generalisation:

Provision type	Internal to Burton and District Mind	Local external provider that link to Burton and District Mind
Signposting, advice and guidance	Community Help, Workplace Health	Social Prescribing Link Workers, SSNMH Toolbox
Social Intervention	Mental Health Floating Support, Mentor Employment Liaison	Burntwood Be A Friend, Tamworth Community Together CIC, Love Inspire Foundation
Recovery and Therapy	SWS Counselling, Low-Cost Counselling, Workplace Health Counselling, Peer Support Groups	Staffordshire Wellbeing Service, YESS, MPFT Community Pathways, Together for Mental Health "Your Way", Humankind Stars, Wellies Project
Resilience and Growth	Building Better Opportunities, Volunteer Programme, Eco Therapy, Holistic Therapy and Mindfulness, Workplace Health	Evolve, COGS
Campaigning and Strategy	Mental Health Ambassador	Healthwatch Staffordshire, East Staffs CCG, Support Staffordshire

i. Communication Processes

We recognise communication with our stakeholders is an ongoing process. We recognise that stakeholders require different forms of communication and different levels of involvement and participation at different times. The following demonstrates a range of communication activities for each stakeholder grouping.

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Community Engagement

We will engage with our communities of East Staffordshire, Lichfield District and Tamworth Borough through an ongoing wide range of two-way communication methods.

Our community stakeholders include Midlands Partnership Foundation NHS Trust, with particular reference to the Staffordshire Wellbeing Service and Community Pathways team, the East Staffordshire Clinical Commissioning Group Patient Board and PPGs, Staffordshire County Council Public Health, Healthwatch Staffordshire, Support Staffordshire, Staffordshire Council for Youth Voluntary Services, our Mental Health Ambassadors, other service providers providing relief of mental health problems, other organisations providing services for people at increased risk of mental health problems.
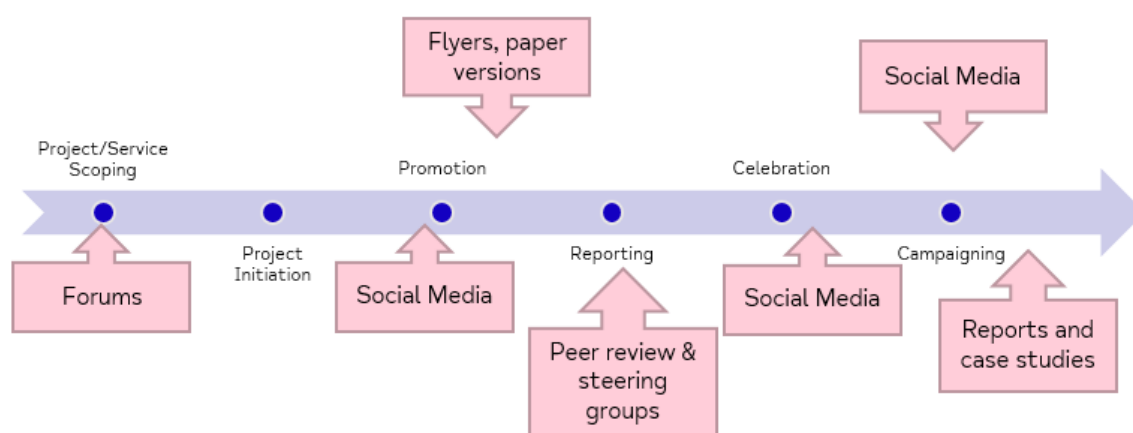
We recognise we need to do more around community engagement with the following audiences:

Action to be taken	People from black and ethnic minority groups	People affected by poverty	Young people (16-24)	Men	People with learning differences
Leadership	Greater representation on our Board of Trustees – Recruitment	✅	Greater representation on our Board of Trustees – Recruitment	✅	Greater representation on our Board of Trustees – Recruitment
Partnership	More partnership with BAME projects and services	More partnership with social intervention projects and services	Greater representation in our paid staff More partnership with YP projects and services	✅	Greater representation in our paid staff More partnership with LD projects and services

Action to be taken	People from black and ethnic minority groups	People affected by poverty	Young people (16-24)	Men	People with learning differences
Collaboration	✔	Greater representation in our volunteers – and understanding the barriers to volunteering	Greater representation in our volunteers – and understanding the barriers to volunteering	✔	Greater representation in our volunteers – and understanding the barriers to volunteering
Involvement	More projects that are attractive to BAME (but not BAME specific!)	More projects in challenged areas, e.g. Eton Park Curborough Glascote	More projects that are Young Person specific	More Male-specific projects – e.g. Walking groups, sports, 'men's shed' inspired projects	More mental health awareness training with LD projects
Consultation	Stronger strategic understanding, research and outreach	Stronger strategic understanding, research and outreach	Stronger strategic understanding, research and outreach	Stronger strategic understanding, research and outreach	Stronger strategic understanding, research and outreach
Awareness	Stronger BAME messaging around existing services Mental Health Stigma projects	Stronger communication with intervention services Mental Health Stigma projects	Stronger YP messaging around existing services Mental Health Stigma projects	Stronger messaging around existing services targeting men Mental Health Stigma projects	Stronger messaging around existing services targeting people with LD Mental Health Stigma projects

Service and Project Delivery

We will engage with people participating in our services.
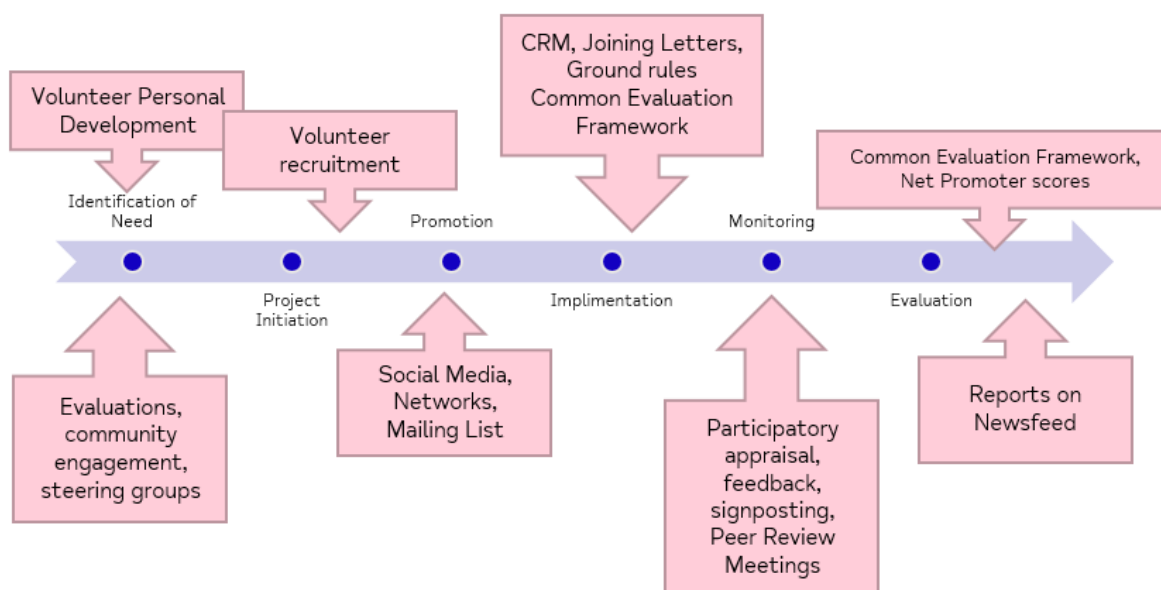
Team Communication

We will engage our team with compassion and with trust, in a way that inspires stronger commitment to meet our aims. We will ensure that all team members have the same opportunities to connect and be involved.
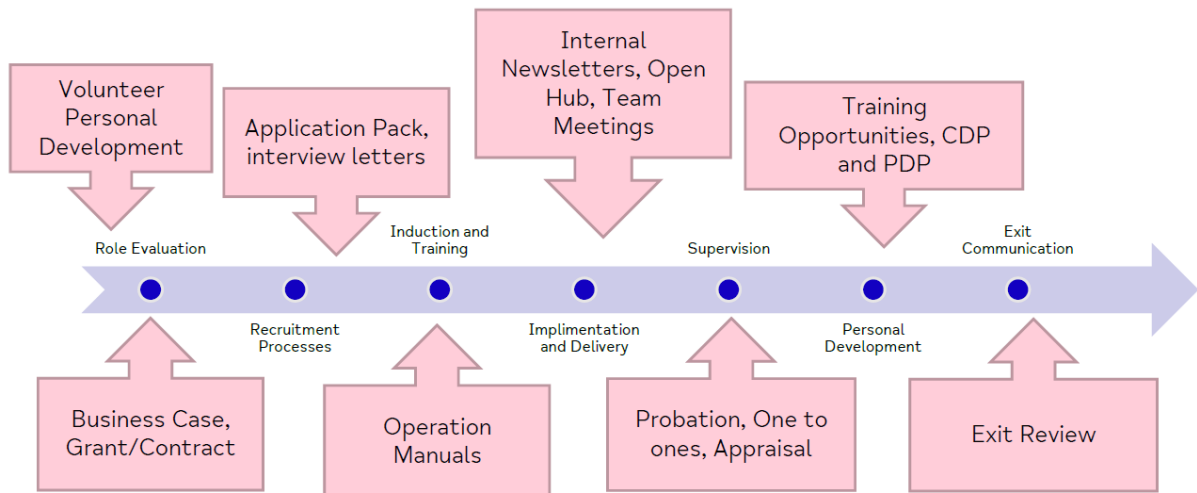
Strategy and Governance

Our Strategy and Governance will be informed by Involvement and Participation and communicated as required by the needs of our stakeholders.
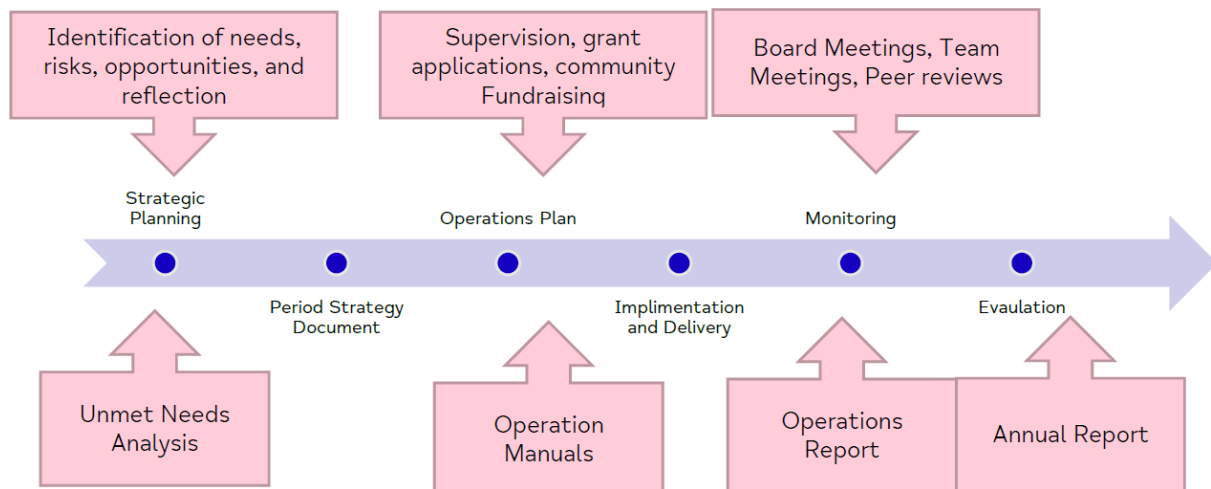
6. Involvement and Participation Procedures

a. Levels of Involvement

These procedures make use of a modified version of the Ladder of Citizen Participation as below. Please be aware that this table demonstrates our minimum offer for influence and participation.

Level of Participation	Operations: Participation	Operations: Influence	Strategy: Governance and forward planning
Leadership (Lead in decisions, allocation of resources)	Developing sessions and resourcing	Board of Trustee, co-opted consultant	Board of Trustee, co-opted consultant
Partnership (Joint decision making and resources)	Leading sessions as a facilitator (Community Help)	Leading Peer Review Partnership as associate on bids	Partnership as associate on bids
Collaboration (Resource shared)	Volunteering as Community Help Associate	Volunteering as Development Associate	Mental Health Ambassador projects
Involvement (Qualitative Data)	Participant in service or project delivery Case Studies Participation in Peer Review Meetings	Soft intelligence and real time feedback Contributing to Peer Review Meetings	Soft intelligence Contributing to Community Need Meetings/Case studies Unmet Need Planning
Consultation (Quantitative Data)	Community Help: Advice and Guidance	Common Evaluation Framework surveys	Needs analysis, community surveys
Awareness (Providing information)	Community Help: Advice and Guidance	Community Help: Advice and Guidance	Promotion

b. Participation and Involvement Activities

The following activities for Involvement and Participation are recognised, however, we are to be constrained by this list, and more may be developed to meet need:

	Description	Resources used	Support available	Monitored by
Case Study	A written review of a person's (or group of people's) experience as quantitative data. Usually used as a project report or to support a business case	A willing participant, template, time of around 30-60 minutes, quiet confidential space, signatures consenting use, reporting mechanisms	Development team, Community Help Associates, all staff, facilitators, comms team	Development team, Participation Lead
Common Evaluation Framework (pre and post)	Also known as 'Collective Impact' in Mind. This is used at the start of participation and the end of participation to measure impact or distance travelled. CEF is made up of 3 scales: Wellness, Social Connection and Self Esteem	Web-form, paper versions, around 10-20 per participant, particularly for the Pre CEF which includes demographics, reporting mechanisms	Community Help Associates, facilitators, peers	Development team, Participation Lead, Project Lead
Community Help	Informal information, advice, guidance which also includes finding unmet need and opportunities	Website, social media feeds, Community Help Associates, Peer Groups	Volunteer support, leaflets, communications team, one to ones	Development team
Community Help Associate (Volunteer)	A volunteer role within Burton and District Mind with the duties to visit community groups, run peer groups, provide advice and guidance to the community	Recruitment process, induction, DBS, 2 references, training, operations manual, one to ones and support	Development Team, communications team, coordinator, Support Staffordshire	Development Team, Project Lead
Community Newsletter	A regular (quarterly?) newsletter updating the community and participants on news and successes regarding the charity and its services	Website (news), paper versions	Development Team, communications team, Chief Officer	Development Team

	Description	Resources used	Support available	Monitored by
Community Surveys	Formal surveys which are quantitative in nature	Web-forms, paper versions, prepaid envelopes, heavy promotion and reminders	Community Help Associates, communications team	Development team, Participation Lead
Consultant	An independent brought-in advisor with a specific role to advise and guide on a particular issue	Mandate for this, resource (payment), communication with appropriate team members and participants. Disclosure/confidentiality forms. Reporting mechanisms	Board of Trustees, Chief Officer, Development Team	Chief Officer, Chair of Board of Trustees
Co-opted Board Advisor	An independent advisor with a specific role to advise and guide on a particular issue at the request of the Board of Trustees	Mandate for this, resource (payment), communication with appropriate team members and participants. Disclosure/confidentiality forms. Reporting mechanisms	Board of Trustees, Chief Officer	Chief Officer, Chair of Board of Trustees
Compliments, Comments & Complaints	Procedures used in the Complaints Policy	Complaints Policy, appointed staff to investigate and respond	Board of Trustees, Chief Officer	Board of Trustees, Chief Officer
Development Associate (Volunteer)	A volunteer role within Burton and District Mind with the duties to support office functions, such as data entry, communications, material prep, etc.	Recruitment process, induction, DBS, 2 references, training, operations manual, one to ones and support	Development Team, communications team, coordinator, Support Staffordshire	Development Team, Project Lead
Human Resource Procedures	One to ones, appraisals, investigations all can provide insight and information to support involvement and participation	Supervision and one to one meeting	Policy, Chief Officer	Chief Officer

	Description	Resources used	Support available	Monitored by
Member of the Board of Trustees	A person recruited from the community to play an active role in the governance of the charity	Vacancies on the Board, Constitution,	Board of Trustees, Chief Officer, Support Staffs, Charity Commission	Chief Officer, Chair of Board of Trustees
Mental Health Ambassador Forum	A semi-formal meeting for Mental Health Ambassadors (recruited role of people with lived experience who can actively represent other people at increased risk of having mental health problems, or with lived experience of mental health problems).	Facilitator, terms of reference, agenda, minimum number of MHAs for a quorum. programme of work, venue, materials, risk assessment, refreshments, reporting mechanisms	Development Team, communications team	Development team, Participation Lead
Needs Analysis	A report summarising a range of documents to inform strategy, operations and planning, made up of census data, prevailing mental health data, soft intelligence, unmet needs logs, case studies, etc.	Development team and time, access to data, reporting mechanisms	Development team	Development team
Net Promotor Score	"Friends and Family" question inserted into CEF surveys. Provides a scale measure from -100 to 100	CEF, excel spreadsheet for calculation of results. NPS from other projects for comparison reporting mechanisms	Community Help Associates, facilitators, peers	Development team, Participation Lead, Project Lead
Online presence and newsfeed	Our regular updates to our website, news feed and social feeds on Facebook, Twitter, Instagram, Linked In	A communications team, scheduled content included service promotion, donation promotion and stories	Development team, communications team	Communications team
Participation in provision	People with lived experience of mental health problems and/or their carers engaged with our service and project provision	Varies – usually a facilitator, and audience and a programme of work, venue, materials, refreshments, support, and risk assessments.	Community Help Associates, facilitators, peers	Development team, Participation Lead, Project Lead

	Description	Resources used	Support available	Monitored by
Participatory Appraisal	A facilitated group exercise that provides data and information, extracted in a fun way that feels more like play than a survey	Facilitator, consenting audience, programme of work, venue, materials, risk assessment, refreshments, reporting mechanisms	Development team, Community Help Associates, facilitators, comms team	Development team, Participation Lead
Peer Recruiter	A person with lived experience of mental illness (who is not a paid member of staff) who will an equal and active member of the recruitment panel in staff recruitments.	Consenting person with lived experience, training, confidentiality form, increased time for shortlisting, practice and role play	Development team, recruitment panel, Chief Officer	Chief Officer, Development Team, Project Lead
Peer Review	A facilitated group exercise for participants that provides data and information, extracted in an open questions format. Will focus on a particular project to influence development	Facilitator, consenting audience, programme of work, venue, materials, risk assessment, refreshments, reporting mechanisms	Development team, Community Help Associates, facilitators	Development team, Participation Lead, Project Lead
Soft Intelligence	Information will be collected in the form of informal feedback during participation. This might be a review of patterns, trends, or more direct anecdotal information not collected elsewhere	A centralised comments log to capture and make use of views and reports into strategy, development and team newsletters, reporting mechanisms	Community Help Associates, all staff, facilitators, comms team	Development team, Participation Lead
Steering Group	A semi-formal meeting with a mixed range of participants, which may include trustees, staff, participants, and community members. Will focus on a particular project to influence development and will have some accountability around this	Facilitator, consenting audience, programme of work, venue, materials, risk assessment, refreshments.	Development team, Community Help Associates, facilitators	Development team, Participation Lead, Project Lead

	Description	Resources used	Support available	Monitored by
Team Meetings	Formal meetings between team members, usually chaired by a line manager to support communication around operations	Agenda, notes, evidence, schedule, venue	Chief Officer, Project Lead	Chief Officer, Project Lead
Team Newsletters	Regular internal information sharing, usually monthly or as required. To be shared to staff, associates and volunteers (chair cc'd in). Coproduced by the team.	Reminders for submissions a week before. Submissions, email addresses, formats and fonts, takes about 2 hours	Development team, comms team	Comms team
Unmet Needs Log	A centralised log to capture evidence of need such as a community member highlighted a lack of provision. To be utilised in strategy, development, fundraising and grant application.	Excel sheet or CRM, reporting mechanisms	Development team	Development team

7. Valuing People

Although we recognise that many people will offer their insight, influence and participation freely, we also recognise the value in ensuring there is an offer of payment available.

The Board of Trustees will allocate a budget stream within their annual budget. This may include amounts from general funds or reserves, it may also be projected amounts for the Development and Sustainability team to source.

All grant applications will proportion an amount for evaluation and feedback.

Where appropriate and outside of normal service/project evaluation, we will ensure that participants are remunerated for their participation. This fee will be calculated in advance using the Real Living Wage (www.livingwage.org.uk/) as a template of calculation, which as of August 2021 is£9.50 per hour (although it will be clear that participation is NOT paid at an hourly rate). Any payments will be by BACS only in and made in arrears with clear evidence of a request made and evidence of attendance (usually minutes of meetings or equivalent).

Should any influence and participation opportunities be subject to this, we will make this clear in joining instructions and guidance together with the time that is required. Should time allotted be over 3.5 hours, we will consider meals and refreshments as appropriate. Any travel costs will be reimbursed in line with our Expenses Policy. Any claims must be made on the appropriate Participation Claims Form, see Appendix C and all receipts must be maintained by the charity.

No payments will be made to people under the age of 16.

Burton and District Mind cannot accept responsibility for the impact that accepting a payment may have on a participant's welfare benefits and/or HMRC tax responsibilities. It is the Participation Lead's responsibility to ensure participants understand they are responsible for declaring their income to HMRC and the Department of Works & Pensions, and that they are responsible for paying any tax and National Insurance due.
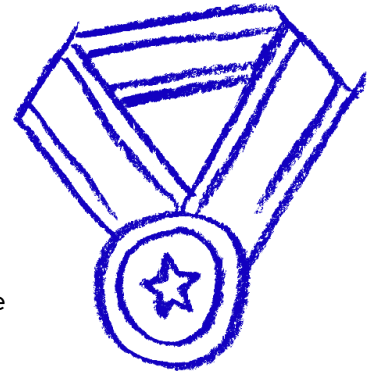
The following statement may be useful:
> Payments are made in recognition of a contribution of time and expertise; they count as income and are therefore covered by the tax and benefit rules around declaration of earnings. It is important to understand that they may impact the amount of tax you need to pay and the amount of benefits that you are entitled to. We cannot give advice on individual tax and benefit positions and therefore it is your responsibility to ensure that you are aware of the tax and benefit implications. If you need advice speak to your local Benefits Advisor, Citizens Advice Bureau or see the information on the gov.uk website.

8. Sharing this Policy

This policy will be made available to all participants and to the wider community:

- A dedicated webpage on our website with a download link of the policy in full.

- A short 'Easy Read' version to be provided as a flyer.

- References to the policy in Joining Letters.

- Training will be available to all team members and delivered by the Participation Lead.

- The policy will also be made available to the Mind Federation as required by the Participation grant issued Summer 2021.

9. Monitoring and reviewing this policy

The Development and Sustainability Team will regularly report on its work to the Chief Officer and the Participation and Involvement Sponsor. The Sponsor may from time to time call for a Peer Review Meeting to assess the success of this policy.

The Board of Trustees will monitor this policy with a regular agenda item added to their meetings.

The Board of Trustees will review this policy one year after its introduction and every three years after.

Policy Name	Involvement and Participation Policy and Procedures
Policy Number	
Dated First Issued	
Date of this issue	
Version Number	
Date of next scheduled review	

Appendix A: Mind Quality Mark 2021

The local Mind learns and understands itsimpact through feedback and evaluation of its activities.	16a	There is an effective monitoring framework that captures the feedback, outputs and outcomes of its services and activities. The framework is supported by a fit for purpose datamanagement system to store and analyse data.
	16b	The local Mind proactively seeks feedback from people who useits services through a range of accessible approaches. People know what difference their feedback has made.
	16c	Consistent, appropriate and accessible outcome measurementtools are used to measure the changes experienced by people who uses its services?
	16d	Staff and volunteers are trained and confident in developing andimplementing monitoring practices.
	16e	The local Mind learns from evaluating monitoring data and makes changes to improve the impact of its work and inform innovation. Monitoring data is used to report against plans and inform organisational and project planning.
	16f	There is an effective compliment, comments and complaints policy and procedure. Complaints are handled transparently in line with the procedure and inform improvements.

The local Mind is well connected locally and works effectively with other organisations. It is influentialin the local mental health community.	17a	The local Mind is outward facing locally and prioritises resourcesto establish a high profile in the local mental health community. It seeks to forge positive relationships with decision makers andfunders. Where possible, it engages with other organisations that have an impact on mental wellbeing, such as employment, housing, criminal justice and education services.
	17b	The local Mind works in partnership with other organisations tobring tangible benefits to people who use its services. Where the local Mind enters formal partnerships, sufficient due diligence is undertaken, and appropriate agreements put in place.
	17c	The local Mind has a strategy to effectively promote its work. It uses communication channels that are accessible and up to date,including a website and preferably social media. There is a procedure for managing negative comments and safeguarding
	17d	The local Mind creates opportunities to promote the voices ofpeople with lived experience.

People with lived experience of mental health problems are influential in the governance, development and delivery of the local Mind's services.	18a	Lived experience influence and participation and the principles of shared decision making are embedded throughout the organisation and enshrined in the vision, values, strategy, governance, and the design and delivery of services. People with lived experience are encouraged to put forward ideas to improve and innovate services.
	18b	There is an effective influence and participation policy and procedure. It includes a broad range of opportunities and support for people with lived experience, including people who currently use its services, to influence and participate in its work and strategy. People who use services are aware of the opportunities available to them.
	18c	The local Mind values the experiences of people with lived experience and encourages them to apply for jobs, volunteer and trustee roles.
	18d	The local Mind explores opportunities for partnerships and joint working with local groups and organisations that are led by people with lived experience of mental health problems.

The local Mind is proactive in promoting positive attitudes about mental health and challenging prejudice. proactive in promoting positive attitudes about mental health and challenging prejudice.	19a	The local Mind proactively promotes positive attitudes about mental health and takes action to challenge prejudice and negative stereotypes. It has a plan to guide this work and engages with anti-stigma campaigns such as Time to Change and World Mental Health Day.
	19b	The local Mind promotes positive messages and images about mental health, for example, on its website, social media and in marketing materials. It seeks out opportunities to do this such as through the media, local community events and delivering training.
	19c	Where appropriate, the local Mind celebrates and promotes positive mental health stories and role models who have benefited from its services. People with lived experience who wish to participate in campaigning activities are encouraged and supported.

Appendix B: Example Social Media Graphics
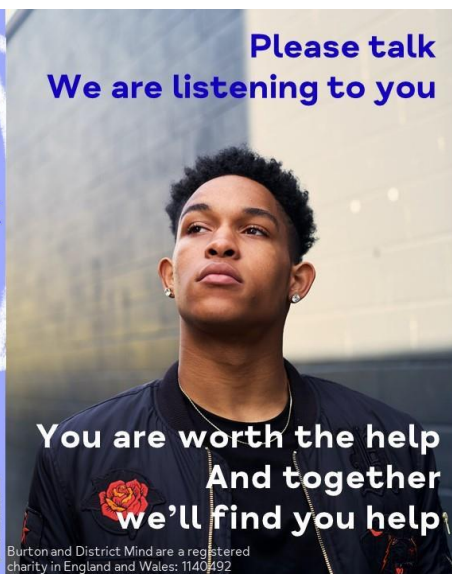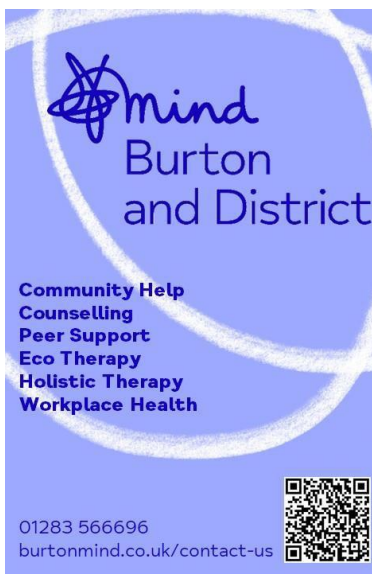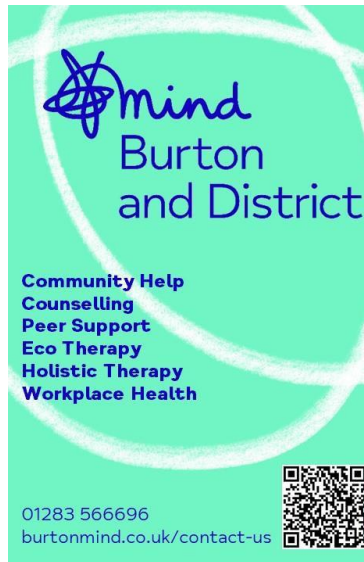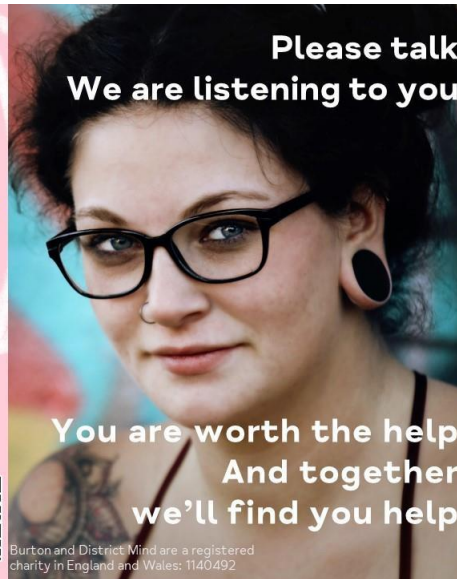
Appendix C: Participation Claims Form

Burton & District Mind Participation Claim Form

Name _____

Role _____

Date of Claim _____

mind Burton and District

Date of event	Activity	Evidenced By	Authorised By	Fee Agreed	£	Finance Use	
						Nominal Code	Fund
					£0.00		
					£0.00		
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					£0.00		
					£0.00		
					£0.00		
	Total			0	£0.00		

Appendix D: Calendar of Communication Events

	Burton and District Mind	Mind Federation	Local	National
April	Board of Trustees	Communications Community		
May		100 Miles in May	Staffordshire Mental Health Day?	10 – 15 Mental Health Awareness Wk 3-9 Maternal Mental Health Week
June	Board of Trustees	Communications Community		1-6 Volunteers Week
July				South Asian Heritage Month
August	Board of Trustees Annual General Meeting	Communications Community	Burton Sculpture Trail Lichfield Fuse Festival Winshill Community Event	
September			Tamworth Beer Festival Tamworth Food Festival Tamworth Environmental Arts Samuel Johnson's Birthday Celebrations (Lichfield) Lichfield Community Games Burton Civic Society Walk Staffordshire History Festival	7 Youth Mental Health Day 10 World Suicide Prevention Day 23 Bi Visibility Day
October	Board of Trustees	Free Wills Month Communications Community	Tamworth Food and Drink Festival Scream fest (East Staffs) Statutes (Burton on Trent)	10 World Mental Health Day 17-23 Invisible Disabilities Week Black History Month
November		Leaders Conference	Tamworth Fire Display Tamworth Christmas Light Switch on Burton Christmas Light Switch on Lichfield Christmas Fayre	3 National Stress Awareness 11 Anti Bullying Week 20 Trans Day of Remembrance
December	Board of Trustees	Communications Community		3 International Day of Disability Christmas Appeal
January	New Me – volunteering	Blue Monday Myth Busting	Tamworth Country Music Festival	
February	Board of Trustees	Communications Community		
March			Insurance Institute 5k And 10k Run (Tamworth) Burton CAMRA Beer Festival	