

<b>SOCIAL INCLUSION</b>		
<b>VERSION No</b>	3	
<b>REVIEWED BY</b>	Manager (MP)	
<b>NUMBER OF PAGES</b>	1	

### **Policy Statement**

*Social inclusion promotes the involvement and participation in everyday activities that are often taken for granted in our day-to-day lives. Ill health, old age and disability are often accompanied by isolation, and therefore it is important that links to friendships, familial relationships and community-based groups are encouraged and pro-actively managed so they can be maintained and enjoyed.*

### **The Policy**

This organisation aims to ensure that, through a comprehensive and robust assessment and care-planning system, residents are enabled to participate and contribute to their fullest potential in any activity that helps to maintain their links to the community in which they live.

### **Resident Choice**

No individual can be coerced into being a participating member of society, but often it is the obstacles they have to overcome (e.g. transport, access, escort) that are the reasons for exclusion, not their willingness to participate.

A full and comprehensive assessment of need is the first step in identifying the person's social and emotional well-being and how these can be met. Respecting their right to not be included through their own choice is also important, but should be set in the context of everyone being able to change their mind. Timing is crucial; it would be natural to withdraw from activities and regular contacts during the first stages of bereavement, for instance, but it should always be possible to review choices at a later date.

Engagement can happen in different ways, and this too should be available as a method of slow inclusion into a social circle; e.g. pets can be a means of opening up communication. There is no "one size fits all", rather a slow and gradual accumulation of trust, which allows participation and inclusion to become part of the relationship, at a pace chosen by the individual. It is important that equal access is afforded to everyone and that appropriate communication and assistance is available, particularly to those who may lack capacity.

**Labelling of "traits" should be avoided, e.g. statements such as "that person is always difficult, grumpy" etc. only add to isolation due to perception and bias. Any "labelling" is inappropriate within a care setting and should be dealt with immediately.** All activities should be available and reviewed regularly as part of the care plan, and individual choice should be paramount in the maintenance of those activities. On occasion there will be residents who do not wish to participate, and their views must be respected, recorded and revisited.

### **Training Statement**

Staff will as part of their induction be familiar with inclusion whilst promoting an "enabling" rather than a "doing" ethos.

#### *Related Policies*

*Adult Safeguarding  
Assessment of Needs and Eligibility  
Autonomy and Independence  
Care and Support Planning  
Equality and Diversity  
Mental Capacity Act 2005  
Meeting Needs*