Department of Health

Creating a Disability Equality Scheme: A Practical Guide for the NHS

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Contents

Introduction

This document is the result of a joint commission by the Department of Health (DH) and NHS Employers. Its purpose is to support an integrated response from NHS organisations to the requirements of the Public Sector Duty sections of the Disability Discrimination Act (DDA). The activities outlined within the guidance are not just to be picked up in Human Resources, but are the responsibility of the whole organisation and must be the concern of those responsible for the workforce as well as those responsible for the services that the workforce delivers to clients and/or their carers.

This response to the DDA is mandatory for all public service organisations, but it is also an opportunity to review and undertake real improvements in access to employment and services for disabled people. The requirement to involve disabled people in all aspects of this work will help to ensure that the results are *'useful, usable and used'*.

The document is in three main parts: The first, sets out the law, the rationale behind it and the outcomes that are being sought. The second part takes you through the processes and actions required to produce *and* implement a Disability Equality Scheme. This includes the steps the organisation will take to meet the Disability Equality Duty – the Action Plan. Part three contains a series of resources ranging from step-by-step advice on carrying out an impact assessment and other processes, to information and links to other sources of support for this major NHS 'must do'.

Wherever possible we have referred to earlier work that will have been undertaken in your organisation, for example in creating your Race Equality Scheme, that could save you time and effort. We are also mindful of further work to come on Gender and Age and have tried to make our processes as generic as possible so that they can, with a shift of focus, be reused in the future. There is also the coming shift to an Equality and Human Rights focus and some of you are already looking towards a Single Equality Scheme. Therefore we want to ensure that the work and the learning undertaken by the people and the organisations involved are relevant to and supportive of future requirements.

Although there is no index, we have signposted and numbered the document so that it will function both as an information and reference source as well as a workbook. The online version will of course be searchable. We hope that this will become a personal document that, with your annotations, will help you to deliver the improvements in working life and services that we all seek.

Section 1: Context

Part One – Legal Requirements

1.1 Amendments to the Disability Discrimination Act (DDA) 1995 which come into force in December 2006 will require all NHS Authorities to actively promote disability equality.

1.2 To support authorities in meeting this duty, the regulations give key public bodies' specific duties to produce a Disability Equality Scheme (DES) and the duties set out what should be involved within that scheme.

1.3 This good practice guidance has been prepared to:

- Explain the requirements of DDA and how it will affect NHS Organisations;
- Outline the critical steps that all NHS Organisations must take to fulfil their duties under the Act;
- Support NHS Organisations in developing Disability Equality Schemes;
- Support NHS Organisations in developing achievable action plans for implementation;
- Provide a framework for all NHS Organisations to use in implementing their action plans.

Rationale behind the Act

1.4 In its report *'Improving the Life Chances of Disabled People'* the Government sets out its vision of disability equality as follows:

'By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society'

1.5 The DDA 1995 has made a huge contribution towards equality of opportunity for disabled people, the government has recognised that the Act *"lags behind sex and race legislation in the protection it provides for disabled people" (Towards Inclusion: Civil Rights for Disabled People)*. Whilst a number of these problems have been addressed by recent amendments to the Act, further legislation is needed to ensure full inclusion of disabled people, and elimination of discrimination.

1.6 In comparison to non-disabled people, disabled people are nearly twice as likely to be unemployed, nearly seven times more likely to be out of work and claiming benefits, and half as likely to have academic qualifications. Over 40% of disabled people also experience major problems accessing goods and services.

1.7 The new legislation will mark a shift from the reactive duties of DDA 1995 towards a positive duty to actively promote equality of opportunity for disabled people. The new Act is based on the belief that the disadvantage and social exclusion which is often experienced by disabled people is a consequence of environmental barriers. These can take the form of inaccessible buildings, but are also found in employment practices or services which do not take the particular circumstances of disabled people into account.

1.8 This means that NHS organisations will have to take action to identify and address attitudinal, institutional and physical barriers that disadvantage disabled people in accessing NHS employment and services. These actions should be based on the "Social Model" of disability, which is explained in Part 2 – Policy Implications (page 8).

Disability Discrimination Act

1.9 The Disability Discrimination Act (DDA) 1995 (The Act) makes it unlawful to discriminate against disabled people, or people who have had a disability, in several areas including employment, access to goods and services, education and transport.

1.10 Public authorities, including NHS organisations, are now required to make reasonable adjustments to physical **and sensory** features of their premises, design of policies and services where those features make it impossible or unreasonably difficult for disabled people to make use of their services. There is great emphasis throughout the DDA to take steps to meet disabled people's needs, even if this requires more favourable treatment.

1.11 **Disability** for the purposes of the Act is defined as *'a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'*. For further information: http://www.drc-gb.org/default.aspx?page=1118&key=

1.12 **Discrimination**, in this context, is the less favourable treatment because of, or for a reason related to, a person's disability or a failure to make a reasonable adjustment. Even if the discrimination, harassment or victimisation is unintentional it will still be against the law.

1.13 Since the Act was introduced, there have been various amendments and key dates by which organisations are bound by new duties to carry out certain actions.

1.14 In April 2005 the Act was amended, and extended the definition of disability to include HIV, Multiple Sclerosis and cancer. There was also a change in the classification for mental illness, which now no longer needs to be "clinically well recognised" to be classed as an impairment.

1.15 From 4th December 2006, along with all public sector authorities, NHS organisations will have a "General Duty" to promote disability equality under the terms of the new Disability Discrimination Act.

1.16 The key date which will affect NHS organisations for the purpose of this document, is **4th December 2006**, by which time all NHS organisations will have to produce a Disability Equality Scheme outlining how they will meet the General Duty.

Disability Discrimination Act (DDA) and Race Relations(Amendment)Act (RR(A)A) – similarities and differences

1.17 The duties on disability and race are similar in that they both require public authorities to **actively promote** equality of opportunity and **eliminate unlawful discrimination**. There is also a similar requirement to produce a Disability Equality Scheme with a three year action plan. Progress on this has to be reported annually, and the action plan must be reviewed and revised every three years.

1.18 The penalties for non compliance are also similar, the DRC having the same enforcement powers as the Commission for Racial Equality (CRE).

1.19 The main difference between disability and race legislation is the specific requirement of DDA to **actively involve** disabled people in all aspects of drawing up the DES right from the outset. Another difference is that positive discrimination is allowed under DDA – in other words it is recognised that disabled people may have to be treated "more favourably".

1.20 DDA also goes one step further than RR(A)A in **explicitly stating** that the specific duties also include a duty to implement the DES, to regularly measure progress and to use this information to inform planning. Although this requirement is clearly implicit in race legislation, it is not actually spelled out in this way.

Other equality legislation

1.21 It would be good practice to apply the requirements of the DDA when looking at Single Equality Schemes, and equality schemes for other strands of diversity. For instance, active involvement as opposed to consultation with other disadvantaged groups would give a much more robust indication of how services could be improved.

1.22 The Gender Equality Duty part of The Equality Act 06 becomes enforceable from April 2007. The duty will require public authorities to pay due regard to promoting gender equality and eliminating sex discrimination, i.e. the General Duty. In addition listed public authorities will have to comply with 'specific duties' as set out in the regulations, a similar requirement as with other equality legislation.

Acting Proportionately

1.23 The Government has stated that introducing these new duties is not meant to over burden public authorities. It expects organisations to take action proportionate to their functions and their resources.

1.24 It will not always be possible for organisations to adopt the course of action which will best promote disability equality but public authorities must ensure that they have due regard to the requirement to promote disability equality alongside other competing requirements.

Disability Equality Duty

1.25 The Disability Equality Duty will mark a shift from the reactive duties of DDA 1995 towards a positive duty to actively promote equality of opportunity for disabled people. This is a positive duty which builds in disability equality at the beginning of the process, rather than make adjustments at the end, in other words equality has to be mainstreamed into all policies, procedures and activities at the outset.

1.26 The duty covers all functions and activities, including budget setting, commissioning, procurement, regulatory functions and setting the framework within which the organisations will deliver services.

1.27 The General Duty includes a requirement to:

- Promote equality of opportunity between disabled people and other people;
- Eliminate discrimination that is unlawful under the Disability Discrimination Act. This can be either direct discrimination which relates to less favourable treatment of a disabled person due to their disability, or failure to make reasonable adjustments (see **Section 3, Resources, Worksheet 2**) for further information;
- Eliminate harassment of disabled people that is related to their disability. The victimisation part of the DDA was included to protect not only disabled people who have complained about unfair treatment, but also others who might speak out to support a disabled colleague they feel is being treated unfairly;

- Promote positive attitudes towards disabled people;
- Encourage participation by disabled people in public life;
- Take steps to meet disabled people's needs, even if this requires more favourable treatment.

1.28 Key public bodies will also be subject to specific duties, which will support them in meeting the General Duty. The specific duties set out the requirement to produce a Disability Equality Scheme and what should be included within any scheme.

Employment Duties

Who is covered?

1.29 The DDA covers prospective, current and former employees within NHS organisations whether on a full time, part time or temporary contract. People who are self employed can be covered if they have a contract to carry out work personally for an employer. The DDA also covers people who have had a disability in the past.

What is covered?

1.30 The DDA relates to all areas and aspects of employment including recruitment, retention, training and development.

1.31 Organisations must ensure that their recruitment processes, the arrangements for determining who should be offered employment and the terms on which employment is offered should not put disabled people at a disadvantage. The DDA does not prevent an employer from appointing the best person for the job, neither does it prevent an employer from treating a disabled person more favourably.

1.32 With regards to staff retention DDA covers the terms of employment offered and the opportunities which are available such as promotion, transfer, training or receiving any other benefit. Refusal of any such opportunity on the grounds of a person's disability would be seen as discrimination.

1.33 The Act also covers other formal processes including disciplinary, dismissal and redundancy policies, and makes it illegal to subject a disabled person to harassment for a reason which is related to that person's disability.

Services to the Public

1.34 NHS organisations, as providers of goods, facilities or services have duties under the DDA which make it unlawful to discriminate against members of the public on the grounds of disability.

1.35 Under the Act discrimination also occurs when anyone knowingly aids someone to discriminate against a disabled person, or victimises anyone who tries to make use of rights under the Act. A service provider can refuse to serve a disabled customer so long as they are able to justify such action, and their reasons have nothing to do with the customer's disability and they would refuse to serve other customers in the same circumstances.

Who is a service provider?

1.36 All organisations that provide goods, facilities or services to the public, whether paid for or for free, are covered by the DDA, no matter how large or small they are. All NHS organisations are therefore service providers.

1.37 Actions taken to improve services to disabled service providers can also have a very positive impact on those employed by NHS. For instance, accessibility audits for NHS premises will benefit disabled staff as well as customers.

Penalties for non compliance with DDA

1.38 The Disability Rights Commission (DRC) has a policing role in respect of disability legislation, which replicates that in place for race legislation.

1.39 Non compliance with disability legislation carries legal penalties as well as other consequences:

- DRC has the power to issue compliance notices, enforceable in the County Court, if it believes that a public body has failed to comply with the Specific Duties.
- Anybody, including DRC, can apply to the High Court for a judicial review of a public authority which they feel is failing to comply with the General Duty
- Heavy fines can be inflicted by Courts and Employment Tribunals on those found guilty of discriminatory practices

1.40 A legal challenge to an NHS organisation in respect of non compliance with disability legislation would have a negative effect on the morale of staff, and the bad publicity surrounding such a challenge would diminish public confidence in the NHS. It could also result in discouraging disabled people from applying for NHS positions.

Part Two – Policy Implications

2.1 When developing and implementing policies, and indeed in all day to day interactions with disabled staff and service users, NHS organisations should use the following approach as a basis for their actions.

2.2 The Social Model of disability was developed by disabled people as a change to the Traditional or Medical Model. The main difference between the two models is the concept of "where the problem lies". In the Traditional or Medical Model, the impairment is given as the reason the disabled person is unable to participate fully in society. It takes the approach of looking at specific limitations to an individual according to impairment. As a contrast, the Social Model looks at people with impairments as being disabled by physical and social barriers in society. In other words, it is not the disability itself that poses barriers, but rather social structures and attitudes towards it.

2.3 Our society is still mainly organised and resourced on the traditional or medical model of disability; disabled people are separated into medical groups and medical staff and others tend to look at the person's impairment before considering anything else. Services, although good intentioned, can foster and maintain dependency rather than supporting the disabled person to become independent.

2.4 Disabled people themselves contend that if attitudinal and environmental barriers were systematically removed, then they could play a full part in community life, and work and live like everyone else.

2.5 Those people in NHS organisations that will be responsible for commissioning research and gathering information on disability equality will therefore need to have an understanding of the Social Model of disability. **See Resources – Work sheet 1 for a factsheet and flowcharts which explain the differences between the Social and Traditional or Medical Models of disability**.

Gathering Data

2.6 To plan for disability equality NHS organisations will need to find out what is working well, what is working not so well, where the gaps are and where the main priorities lie, in both employment practices and services to the public. In both areas, the involvement of disabled people is vital. Asking disabled people how your services affect them is an invaluable way of finding out if you are treating them equally.

2.7 Gathering evidence should be seen as part of the process of achieving greater equality for disabled people, treating employees, service users and members of the community more fairly and with respect. It is important to look at both outcomes, such as the number of disabled people employed and at what grades, and at the range of barriers disabled people experience.

2.8 There is a specific requirement within the DES to gather evidence, and this is also necessary in order to comply with the general duty. Without an evidence base, it would be impossible for an NHS organisation to demonstrate that it has given due regard to disability equality. A sound evidence base is also a necessity for conducting impact assessments and for devising and reviewing the effectiveness of an action plan. **See Section 3 Resources, Worksheet 5, Impact Assessment, and Section 2, part 5, The DES Action Plan**.

Methods of gathering information

2.9 There are several methods that NHS organisations can use to gather information on the impact of their services on disabled customers and staff. Some examples are:

- Customer and staff surveys
- Feedback from organisations who represent disabled people
- Involvement of service users and carers
- Mystery shopping (utilising the services of disabled people to make random checks on standards of service)
- Targeted research (qualitative and quantitative)
- Analysis of customer complaints
- Feedback from disability staff networks and fora
- Monitoring of employment functions by disability to see if they promote equal outcomes for disabled staff
- Involvement of staff providing services, e.g. Clinicians, HR experts
- Information available from staff representatives, for example Trade Unions

Quantitative Research

2.10 This type of research is mainly involved with measurement and is numerical in content. Quantitative data can be analysed to make comparisons between the experiences of disabled and non disabled people and draw precise conclusions. For instance, analysis of customer surveys could give the numbers or percentage of disabled people satisfied or dissatisfied with a particular aspect of service. The main advantage of this type of research is that it is reasonably easy to analyse and can give a good and quick indication of where problems in service delivery may lie.

Qualitative Research

2.11 Qualitative research focuses on specific experiences, rather than on numerical data. Feedback from statutory and voluntary organisations who represent disabled people, and from service users and carers would fit into this category. This research can include interviewing people face to face, using written transcripts from focus groups, information from websites and information captured from observation. One of the advantages of this type of research is that it gives much more detail of people's experiences, and it can reveal issues that may have otherwise been overlooked. Another advantage is that it gives disabled people the chance to be much more actively involved by giving them the opportunity to tell of their experiences in their own words.

2.12 It is advisable to use both qualitative and quantitative data when trying to find out where action is needed to improve services to disabled customers. This approach will ensure that you have robust evidence on which to base your action plan, and will not only identify numbers of people who may have issues with a certain aspect of your services, but it will also tell you why these issues have arisen, and may even reveal suggestions for improvement.

2.13 It could be that data already exists within your organisation, but that it will need to be disaggregated to reflect the particular experiences of disabled people.

2.14 Survey questions will need to be carefully formulated so as not to confuse illness with disability, and at all times the reason for asking questions on disability should be clearly stated. Non declaration of disability can be a great problem, and it is often the case that people are afraid to declare because they do not know what the information is to be used for.

Non-declaration of disability

2.15 Participation of disabled people in surveys and research can depend very much on how the organisation explains the reasons for requesting information on disability. Many people may be afraid to disclose a disability in case the information is used to their detriment, and may not be aware of the benefits of disclosure in terms of improvement to services. Also, there are many people with impairments or long term health conditions who do not consider themselves disabled.

2.16 For these reasons, certain principles should be followed when requesting information from disabled customers.

- It should be stressed that participation is entirely voluntary
- Assurances should be given that information is entirely confidential and will not be disclosed without prior permission and procedures should be put in place to make sure that this is the case.
- Explanation should be given regarding the meaning of "disabled"
- It should be explained why the information is requested and how it will be used to make improvements to services for disabled people
- Ensure that adjustments are made to enable people with a wide range of impairments to participate and speak for themselves
- Do not make assumptions on whether a person is disabled – ask the question and allow the person to disclose this themselves
- Involve disabled people in developing the method of research and in disseminating findings
- Results of research should be made available in various formats and sent out to disabled people and their representative organisations so that they can use it
- Use people who are fully trained in disability issues to carry out the research

2.17 When contracting research related work NHS organisations should specify the need to consult with disabled people before commencing the work.

2.18 It is also essential that the information gathered has been based on the social model of disability, for it to be of any use in informing actions towards meeting the General Duty. **(See 2.2 above)**

2.19 Gathering evidence and using it to improve services is at the centre of the new duty. Analysing the evidence will give an indication of where the organisation stands in relation to disability equality and will inform future priorities.

2.20 It is important to manage people's expectations on what can realistically be achieved within certain timescales and budgetary restraints.

2.21 As a starting point, it may be useful to consider the following questions

- What data do we collect already?
- How do we collect this data?

- Does these data measure outcomes for disabled people?
- If so, is this information used to improve the experiences of our disabled customers and staff?
- Has analysis of the data given us information about specific barriers to disabled people using our services?
- Are there specific areas where we have experienced difficulty in collecting data relating to disabled people?
- If so, what are the difficulties and how can we overcome them?
- How can we access any data we may have?
- Do we have systems in place to update our data?
- Have disabled peoples' opinions been taken into account when developing the methods of data collection?

2.22 Most NHS organisations will already have systems in place to collect information on various aspects of service delivery and employment functions. If information on disability is not included in this, existing mechanisms can usually be adapted to capture this information. Lack of information or of systems in place to capture such information should not be an excuse for inaction. An NHS organisation should not wait for systems to be put in place to gather evidence before making plans for improvement.

2.23 DRC guidelines on commissioning ethical research are available from http://www.drc-gb.org/library/ethicalguidelines

Data Protection Act: http://www.ico.gov.uk/eventual.aspx?id=34

Whilst it is a necessary requirement for an NHS organisation to collect robust data on how it is performing with regard to disability equality, it is also essential to work within the principles of data protection and human rights issues.

2.24 Anonymised data, which cannot be traced back to individuals will probably not be subject to the Data Protection Act, but where information **is** collected on individuals, it must be held securely and confidentially, and will be subject to data protection laws. The Act requires that individuals are informed about who will process their personal data and for what purpose, and whether it is intended to disclose any of this information. It would be good practice to consult with representatives of affected groups or any relevant agencies before embarking on data collection. It should always be made clear that provision of information is entirely voluntary, and that individuals have the right to decline.

Methodology for collecting data on employment and services to the public

2.25 The Disability Rights Commission (DRC) recommends a step by step approach towards developing a methodology and route for identifying what should be measured and how to measure it. http://www.drc-gb.org/Docs/Evidence_Gathering_Guidance.doc

2.26 Further details of this can be found under **Mapping in Section 2**, Producing a Disability Equality Scheme.

Part Three – Key Areas to consider

Employment

3.1 Research has shown that when disability and health are managed properly, disabled employees tend to take less sick leave than their non disabled colleagues and stay with employers for longer. It almost always costs less to make reasonable adjustments in order to keep a person who has developed a disability, than to recruit and train a new person.

3.2 Being aware of the needs of disabled service users and proactively working to make services accessible to everyone will create a better environment for all. It will also ensure that disabled service users are treated with dignity and respect, and will have more choices over where and how they are able to seek treatment.

3.3 Good practice in the employment of disabled people should cover all areas, from recruitment through to retention, training and development and include support for older employees who may have developed age related disabilities whilst employed.

3.4 An NHS organisation that wants to be recognised as an equal opportunities employer can acquire accreditation through Investors in People, Improving Working Lives, and the Disability "Two Tick" symbol

3.5 There is financial help available towards the cost of making reasonable adjustments for organisations that employ disabled people. **See Section 3, Resources, What help is available?**

Recruitment

3.6 A review of procedures includes checking job specifications to make sure they are not discriminatory, ascertaining prior to interview whether a candidate has any specific requirements and guarding against inappropriate use of medical checks. Organisations should encourage disabled people to apply by including a statement of their commitment to disability equality.

3.7 It is good practice to provide information in accessible formats to disabled applicants. Guaranteed interviews for disabled applicants who meet the minimum criteria for the position under the "Two Tick" scheme will also encourage disabled people to apply.

3.8 Collection and monitoring of information is an important part of the recruitment process and should be considered at all stages including application, shortlisting, interviewing and offering of positions. Reasons given for not employing disabled people should be kept on record. Analysis of this information will help to ensure that disabled people are not disadvantaged during the recruitment process.

3.9 At interview care should be taken to ensure disabled people are given the right conditions to do tests and take part in other selection processes. It is important to concentrate on a person's abilities to do the job and ask only about their disability with respect to monitoring and/or making reasonable adjustments. This may involve considering modifications to the terms on which the disabled person is offered employment.

Retention

3.10 The benefits of retaining people who are disabled, or who have developed a disability or health condition during their working lives are manifold. Disabled people are often highly skilled in handling difficult situations, planning, negotiation and problem solving, due to the problems they have to face on a daily basis in trying to access the services and support they need. They can be a great asset to an organisation, and their transferable skills can help other employees.

3.11 Reasonable adjustments already in place should be reassessed regularly to make sure they still meet the needs of the disabled person. The provision of good quality Occupational Health support is also important in this context.

3.12 Employment policies can be adapted to suit the individual needs of disabled employees. For instance a Flexible Working Hours policy could be adapted to help a disabled person who may need to come into work later or leave earlier for reasons related to their disability. Similarly, time off could be arranged if needed for regular hospital or other appointments. Arranging for child care would be another way to support a disabled person with children in retaining their employment.

Training and Development

3.13 Raising awareness and understanding about disability issues and employment is a key element to success and will help to overcome barriers which may result from a lack of understanding or concern around a range of disability related issues. Training and development should actively support the recruitment and retention of disabled people and include workplace harassment. It should also include making line managers aware of their personal responsibilities and where accountabilities lie.

3.14 It is important that disabled members of staff have equal chances to develop their potential and compete. Therefore employers must ensure equity in selection for training and must make reasonable adjustments if required, to avoid a disabled member of staff being put at a disadvantage.

3.15 Employers must ensure that arrangements for promoting staff or for transferring staff between jobs offer the same opportunities for disabled employees as for their non disabled colleagues. This may mean that practical arrangements and reasonable adjustments need to be made at various stages in the process.

Case Study

Expert Patient Programme: NHS Partners Joint Initiative

Winner of the Model Employer Category of the HR in the NHS Good Practice Awards 2004, this joint initiative supports strategies for Improving Working Lives through extending the *expert patient* approach to NHS staff with long term conditions. The purpose of the initiative is to improve the quality of working lives, reduce costs associated with sick leave and support people with disabilities into employment within the NHS, all of which are key to enabling excellent service delivery. The generic pilot programme was run in each of two health communities open to NHS staff that fell into any of the following three groups:

- Long term sick leave rehabilitation back into work
- Continuing support to staff after the managed return to work period
- Support to staff with limiting long term conditions

All participants felt the course was of benefit to them and they would continue to use the skills and techniques on an ongoing basis and would recommend it to others

http://www.nhspartners.org.uk/expert_patient_project.html

Service Delivery

3.16 When planning and delivering services, NHS organisations should focus on the outcomes for disabled people, based on the social model approach as discussed earlier in the document. No aspect of a disabled person's personal circumstances should prevent them from accessing any service.

3.17 Gathering of information is an essential part of being able to provide the necessary adjustments for making services accessible. Such information should also inform the planning of services, development of policies and procedures, the provision of auxiliary aids and services and overcoming existing physical barriers.

3.18 Information about a persons disability on its own will not improve quality of services; the information needs to be translated into considerations around physical and mobility requirements, communication, dexterity, equipment and personal assistance requests for both initial assessment and ongoing appointments

3.19 The focus therefore should be on what a service provider needs to do to ensure accessibility throughout the service users' journey of making an appointment, referral, initial attendance, receiving the service, discharge and follow up.

Making an appointment

3.20 Any adjustments or requirements that a disabled person may need in order to attend an appointment should be established at first contact. It may be that flexibility will be needed around appointment times, or that the person will need a longer time slot for the appointment. In cases where appointments can only be made over the telephone, it would improve services to have alternative means of contact available, such as fax or email.

3.21 In the case of a person whose disability makes it difficult to attend a clinic or surgery, it may be appropriate to arrange a home visit, or provide help with travel arrangements.

3.22 The process should also highlight any particular requirements relating to accessibility of information such as someone's preference for information on audiotape.

Referral to other health services

3.23 A disabled person's requirements should be recorded, with their consent and passed on to subsequent service provider(s) so appropriate arrangements can be made

3.24 The patient should be kept fully informed of where they are being referred, for what reason and how long they can expect to be there. This may include providing additional information on the availability of facilities such as accessible toilets

Initial attendance

3.25 Knowledge around someone's access requirements is essential for a successful initial assessment. The patient's record should hold information about their particular requirements, such as help with getting onto or lying on a treatment bed

3.26 Preferences around communication and communication needs highlighted at referral should have been considered and catered for. This may include information in an accessible format or provision of an interpreter.

3.27 Following the consultation it is important that information about diagnosis or further referral/treatment is explained in full to the patient. The person imparting the information should also check that the patient has full understanding of what they have been told, and if not, use other methods of explaining – for instance a deaf person may need a sign language interpreter, a person with learning difficulties may need to have the information imparted to an advocate or carer.

Receiving the service

3.28 Assistive equipment such as a hoist may be required to meet service users' individual requirements. Staff should be fully trained in the use of assistive equipment. Some equipment may not be accessible for disabled people and consideration may need to be given for certain procedures such as providing preventative health checks

3.29 Ergonomic design of equipment used by patients may be important. For example accessing medication from bottles with safety locks may be difficult for someone who has arthritis

3.30 Good communication skills are an essential part of customer care and include the use of plain English, talking directly to the person and allowing additional time to explain diagnoses and treatment

Discharge and Follow up

3.31 Standard procedures may have to be amended to take into account individual requirements with consideration being given to allocation of subsequent appointment times, length of consultation required and so on.

Case Study

Patient Held Record for Sickle Cell Patients – Sickle Cell Society, London Ambulance Service, NHS Trusts in South East London

This is a collaborative piece of work led by people with sickle cell, their parents and carers and sickle cell support groups and organisations, and is supported by staff of the London Ambulance Service and NHS Trusts in South East London. It has led to the production of a patient held record which is designed to enable people with sickle cell disorders and their professional team to keep a track of how their condition is managed. The patient held record improves patient choice, care and experiences through improved communication and sharing of information.

Section 2: Process – How to produce a Disability Equality Scheme

1.1 For a Disability Equality Scheme (DES) to be successful, it will need those who are implementing it, and those whom it affects, to be confident that the proposed actions will make a real difference to disability equality. One of the best ways to instil this confidence, is to ensure that the scheme has commitment from the highest level of the organisation. This could be demonstrated by an introduction at the beginning of the scheme from the Chief Executive, endorsing the action plan and emphasising the commitment and active participation of the Board in making it work.

1.2 A DES has several essential elements which need to be included to comply with the regulations, and to make it work. These are:

- **Involvement:** an account of how disabled people have been involved in developing the scheme;
- **Mapping:** an account of what arrangements will be put in place for gathering information about the organisation's performance on disability equality;
- **Impact Assessment:** an account of arrangements to be put in place to assess the impact of the organisation's policies and procedures on disability equality and how the results will be used for improvement;
- **Assessing existing policies:** an account of how existing policies and procedures will be assessed for any impact on disability equality with the 3 year period of the DES
- **The Action Plan:** a three year plan of how the organisation intends to promote disability equality and mainstream it into all of its functions and policies;
- **Monitoring:** an account of how the effectiveness of the action plan will be monitored and reviewed and will inform subsequent schemes;
- **Engagement:** an account of how the organisation intends to involve and work with internal and external partners to assist in making improvements;
- **Publication:** an account of how and where the results of impact assessment and monitoring will be published.

Accountability

1.3 It is best practice to appoint a steering group at senior level to oversee the creation and implementation of the DES with ownership at board level. This indicates that the organisation is taking implementation seriously, and commitment and accountability at this level gives staff and service users confidence that real changes will be made. It would be of enormous importance to ensure that this work is in sync with the mainstream business functions of the organisation. Organisations that are committed to equality would then appoint diversity teams at each level and in each section of the organisation with devolved responsibilities for feedback of progress into directorates.

1.4 The process outlined above will lead to actions being implemented, results being evaluated, progress being regularly reported, and reviews being carried out. If regular progress reports have to be delivered at various levels of the organisation, and teams are made accountable for doing this, then staff are more likely to take ownership of the DES action plan and take responsibility for making sure it is implemented.

1.5 This is illustrated by a case study taken from a review of NHS Race Equality Schemes (RES).

Case Study

South London and Maudsley Mental Health Trust

South London and Maudsley has developed a sophisticated infrastructure to support the implementation of the RES. There is regular reporting to the Board and Chief Executive on progress via the Developing Organisation and Community (DOC) team; feedback to staff and local communities is undertaken through the Partnership Time Events (PTE). All papers to the Board and Executive Teams include a summary sheet outlining equality and diversity implications. There is a Clinical Governance Policy Making Committee and a Policy Monitoring Committee. The Policy Making Committee commissions the development of policy and protocol ensuring that policies have gone through an appropriate consultation process and that training needs are identified in the policy implementation plan. The Policy Monitoring Committee reviews the implementation of local policies and national initiatives and makes recommendations to the Policy Making Committee and to local Clinical Governance structures on policy review and training needs.

Part One – Involving Disabled People

1.6 The specific duties require the organisation to involve disabled people who appear to have an interest in the way it carries out its functions in the development of the Disability Equality Scheme (DES).

1.7 The duty requires that disabled people are actively engaged at all stages of producing the DES. Only by involving disabled people, their carers and relevant representative organisations from the outset, can an NHS organisation identify priorities for action on disability. The process of involvement will necessitate careful planning and setting of realistic budgets.

1.8 NHS organisations will already be involving and consulting their local communities on delivery of their services, so some mechanisms, such as patient fora, will already be in place. Staff opinions will be sought via network groups, Trade Unions and staff surveys. You should ensure that disabled people are included in these mainstream consultation partnerships as a starting point, but the disability equality duty requires much more in depth involvement of disabled people than involvement in mainstream consultation and organisations should be looking to reach those with a range of impairments, and from a range of diverse backgrounds, taking into consideration age, race, gender, sexual orientation and religious belief. Older people and those with long term health conditions who may not consider themselves to be disabled, should also be involved. If necessary, advocates should be used where it is difficult for some disabled people to be actively involved themselves, for instance for those people who may not be able to travel independently.

1.9 There are various ways of involving disabled people; events can be organised specifically for the purposes of consultation, inviting disabled people to take part; fora and workshops can be organised, and one to one interviews can be carried out with volunteers.

1.10 It is important to consider the facilitation skills necessary to host such events, and whether it might be beneficial to invite disabled facilitators or voluntary sector organisations to do this on your behalf.

1.11 Disabled volunteers should be supported in order for them to be involved, and premises used for events should be accessible and have facilities for people with a range of disabilities. Partnership working with other organisations, such as local authorities, Social Services departments, disability organisations could lead to involvement of a much wider range of people through networking and awareness of the need for consultation.

1.12 A DES should include a statement of how disabled people have been involved in its development. There are many individuals and groups of disabled people who can be asked to participate and these should include:

- Disabled service users with a wide range of impairments and from a range of diverse backgrounds
- Carers and advocates of disabled people
- Disability representative organisations
- Patient fora (with disabled members)
- Disabled people from the wider community
- Disabled staff
- Staff disability network groups
- Trade Unions

1.13 To make involvement effective, certain elements are needed:

- A clear focus on where the organisation can realistically make changes, and what resources can be set aside for this;
- Involvement processes which are accessible to people with a wide range of impairments;
- A proportionate approach which takes into account the size of the organisation;
- Open and transparent reporting on the outcomes of any involvement, and any changes which have been made as a result.

1.14 A review of NHS Race Equality Schemes highlighted some good examples of involving service users to improve services, as below:

Case Study

Tower Hamlets PCT has a good range of outreach and engagement services with local Black and Minority Ethnic (BME) communities:

- Joint working with other PCT's to develop a central language support resource centre within the North East London health economy
- Use of Health Needs Assessment baseline information to develop health projects targeting specific communities
- An established patient forum and patient panel with more than 70 members representing local communities
- Use of local radio and television programmes for consultation purposes
- Involvement in several community development and employment initiatives including work with Ocean NDC to support local BME groups into education and employment
- Positive action schemes to recruit people from the local community.

Ealing PCT showed that good outcomes can be achieved by involvement/consultation when it carried out a consultation exercise in Southall which led to the appointment of Somali health link workers.

1.15 Although the above are examples of involvement with BME communities, the same ideas can be used to involve disabled people .

User and Carer Partnership, West Midlands Rehabilitation Centre, South Birmingham PCT

The Rehabilitation Directorate of South Birmingham PCT supports and encourages the involvement of users, carers and staff in the planning and delivery of services provided through an established User and Carer Partnership. Chaired by the Service Director and an elected patient/carer, the partnership meets bimonthly to ensure that user and carer needs are met as fully as possible through appropriate involvement so contributing to the transparency of governance within the Rehabilitation Directorate. The partnership provides scrutiny for a number of areas including finance and commissioning, performance management, service development, access and Patient Advice and Liaison Service and other patient feedback, including complaints.

Part Two – Mapping

2.1 NHS organisations should first assess how they are currently performing on disability equality in order to inform their DES and prioritise action. Existing mechanisms for data collection can often be utilised to collect disability information also, so organisations would not necessarily need to develop expensive new systems to do this.

2.2 Processes may have already been put in place to gather information for RES, and these, together with any data collected could be useful when mapping for disability equality.

2.3 Where there is no information however, it is important that organisations do not wait for new mechanisms to be put in place before taking action. Quite often, research and involvement of disabled people will give enough information to indicate the main areas where action needs to be taken to improve services to disabled people. From there, mechanisms can gradually be built in to improve the organisation's knowledge.

2.4 A valuable way of gathering information is by involvement and consultation with staff and service users. There are various ways of doing this, for example analysis of the results of staff and customer surveys, delivering targeted surveys for disabled staff, consulting with disability staff network groups and voluntary and statutory organisations that represent disabled people, and organising specific focus group sessions.

2.5 The Disability Rights Commission recommends that public authorities resurvey staff on disability at regular intervals, since impairments may be acquired or change during working life. For example, in England and Wales the Audit commission expect this of public authorities every two years.

2.6 Another useful measurement would be to add questions relating to disability to exit interviews.

2.7 It is important that information gathered is used, particularly when monitoring according to impairment type, or there is no point in collecting it in the first place.

2.8 For this reason, organisations must set out arrangements in the DES for making use of any information gathered, and for regularly reviewing the effectiveness of the action plan.

2.9 In order to effectively monitor services for any relevance to disability equality, it is necessary to have information on how many of your staff and service users are disabled.

2.10 The DRC have drafted a suggested a range of questions to assist with gathering information so giving a good indication of the kinds of questions NHS organisations should be asking. This can be found in their Evidence Gathering Guidance document http://www.drc-gb.org/pdf/Evidence_Gathering_Guidance%20-l%20(Aug%202006).pdf

2.11 See guidance above in **Part 2, Policy – 2.6 Gathering Data**, which will explain more on how to gather information and identify gaps in knowledge.

Part Three – Impact Assessment

3.1 To make sure than any new policies, processes or functions do not disadvantage disabled people, all should be screened to establish if they are relevant to disability equality, and if so, **a full impact assessment** needs to be carried out.

Screening

3.2 As soon as an NHS organisation knows that it has to develop a policy or proposal, it should first ask itself whether or not the policy is relevant to disability equality. This is the first stage of impact assessment, which is called screening: First, the main aims of the policy should be identified. Information should then be collected on how the policy will be implemented, and which groups it is likely to affect and what the likely outcomes are, if any. This should be based on information gained from regular involvement and consultation with those likely to be affected by the proposed policy, or who have an interest in it. It is also useful to ascertain if the policy is required to meet any statutory requirements or Trust business plan objectives. A decision can then be made as to whether the policy or activity is relevant to the duty to promote disability equality. If it is not seen as relevant, there is no need to progress to a full impact assessment.

3.3 If the impact of a new policy, process or function is not seen as relevant to disabled people, this should be noted and the evidence to back up the decision recorded. Therefore assessments should be carried out in an open and transparent way, and systems should be put in place for identifying what information was used and how it influenced any decision. There is a requirement to publish the results of impact assessments, and the process of obtaining the results is open to public scrutiny.

3.4 All current policies, processes and functions must be continuously monitored and reviewed for relevance to the duty in the same way that they have been identified and checked for their impact on race during the production of the RES.

Full Impact Assessment:

3.5 If a new policy is relevant to the duty to promote disability equality, a full impact assessment will be needed. This will enable the organisation to see if the policy is likely to have any adverse effects on disabled people, and to either make changes to the policy or consider other measures to mitigate those effects.

See Section 3 Resources – Worksheet 5 for an Impact Assessment Framework

Part Four – Assessing Existing Policies

4.1 As well as the requirement to impact assess new policies and procedures in development, NHS organisations will also have existing policies and functions which will need to be assessed for any adverse impact on disabled people. Organisations will need to include information in the DES about what arrangements they have put in place to do this, including the specific requirement to involve disabled people. The policies to be assessed will need to be prioritised in order of relevance to disability equality, and a timetable should be drawn up for the assessments to be completed within the 3 year lifetime of the DES.

4.2 Organisations should seek out examples of work already taking place, and review any work already done in response to existing customer service advice or local initiatives, to identify what this indicates about future priorities for action. There should be clarity about who needs to be involved and whose influence will be critical, both within and outside the organisation. Those responsible for assessing the policy should liaise with others within the organisation who have corporate responsibility for issues such as consultation, customer service and monitoring systems.

4.3 The difference between assessing present policies and impact assessing future policies, is that present policies are already in place, so existing information about how that policy is being implemented should indicate any adverse impact on disabled people, whilst involving disabled people in reviewing the policy should indicate the way forward for improvements.

4.4 Where certain policies are relevant to disability equality, they will need to be assigned a high medium or low priority depending on the following considerations.

High impact The assessment shows that:

- The outcomes are relevant to the delivery of the organisation’s key business objectives.
- The policy/function does not promote disability equality, so the organisation would not meet the requirements of disability legislation.
- There is disproportionate and unjustifiable adverse impact on staff, service users and/or the community.

Low impact The assessment shows that:

- There may be some differential impact but this does not have disproportionate or inequitable outcomes and can be reasonably justified;
- The policy is not an immediate priority for the organisation;
- There is no relevance.

Medium Impact The assessment falls in-between the two categories above

4.5 With the move towards Single Equality Schemes (SES), the links between different strands of diversity should be recognised, especially when assessing the impact of functions and policies on different groups. For instance, we live in an ageing society, and it is widely recognised that incidence of disability increases with age. There is also the link between certain types of disability and ethnic origin, for instance sickle cell disease primarily affects those of African descent, and pernicious anaemia is more prevalent in people from Eastern Europe. Therefore you will appreciate that in delivering services for disabled people, many other aspects of diversity will have to be considered.

Case Study

South London and Maudsley Mental Health Trust

During their implementation of RES, some NHS organisations adopted a partnership approach to monitoring for adverse impact. The South London and Maudsley Mental Health Trust use the electronic patient records infrastructure to provide the base data, and they then analyse each of the priority areas in relation to complaints received, patient experience and specific ethnic monitoring. They also outlined a complaints procedure within the RES for those who feel the Trust is not complying with the RRAA. The procedures for both staff and local communities are outlined with clear standards and time-scales established.

The scheme sets out the partnership approach adopted by the Trust in developing standardised categories and systems for the collection and analysis of monitoring data. This development was undertaken in partnership with the SHA, local authority and other partners. Guidance has also been provided to staff on the collection of this data and its analyses and reporting.

The adoption of a partnership approach ensures that information can be shared across a local health and social care economy which will allow for closer tracking of trends in respect of disproportionality and more accurate analysis to inform service and policy development.

Assessment of services outsourced to private contractors

4.6 NHS organisations contract out many of their services. Those responsible for procurement will now need to make sure that the services they purchase are also assessed for any relevance to disability equality. This should include ensuring that the contractor has measures in place to meet the disability equality duty.

4.7 NHS organisations are required to comply with the Duty where contractors deliver the service directly and where they do so on behalf of the NHS organisation. This means that the organisation will need to build disability considerations into the procurement process. The DRC recommends that certain steps are taken to ensure organisations are meeting their obligations in this respect. These include:

- Inserting information regarding the DDA into standard terms and conditions for contracting services
- Ensuring that government guidance on social or equality issues in procurement is considered
- Inserting a clause in contracts specifying that the contractor must comply with anti-discrimination provisions of DDA
- Specifying in contract what evidence the contractor needs to gather to demonstrate compliance with the duties
- Ensuring that disability equality is appropriately reflected and given due weight in the specification, selection and award criteria, and the contract conditions, in a way which is consistent with EC and UK procurement rules
- Ensuring that contractors fully understand the disability equality requirements of the contract
- Monitoring performance of disability equality where relevant to the contract
- Providing training for all staff involved in procurement work so that they fully understand the provisions of the Act and the relevance of the disability equality duty to their work.

4.8 In line with assessing all present functions and policies for any adverse impact on disability equality, all present contracts will need to be reviewed and the above criteria built into them.

Part Five – The DES Action Plan

5.1 The Disability Rights Commission recommends setting specific objectives to ensure disability equality in key employment and service delivery areas.

5.2 The Disability Equality Scheme action plan will outline the steps that an NHS organisation intends to take to meet the general duty over the period of the DES. The action plan will need to have clear objectives towards promoting disability equality, with steps for achievement and a realistic timetable for meeting the objectives. It will also need to indicate responsibilities for implementing the various aspects of the action plan, and give a clear indication of the specific outcomes it hopes to achieve.

5.3 Information gathered from involvement with disabled people and from any assessment of existing policies should dictate the priority actions that need to be taken to make improvements towards disability equality. Information may also be available from other sources that will provide pointers towards priority areas, for example, the DRC's report of their formal investigation into the physical health inequalities experienced by people with learning difficulties and/or mental health problems. Further information is available from http://www.drc-gb.org/newsroom/health_inequalities_investigat.aspx

5.4 The Action Plan should therefore list proposals for addressing high priority issues within a reasonably pressing timescale.

5.5 It is recommended that the action plan is clearly divided into separate sections where different teams within an organisation have discrete areas of responsibility. It would also help in monitoring the plan if it were divided into employment and service delivery sections.

5.6 As a minimum the action plan needs to include:

- Proposals for addressing issues found to be high priority during assessment of present functions and policies;
- Proposals for addressing disparities in service evident from involvement with disabled staff and customers;
- Proposals for monitoring all policies and functions where implications for disability equality have been identified
- Proposals for carrying out impact assessments, with timescales for completion;

- Proposals for future involvement and engagement with disabled people, both inside and outside the organisation;
- Proposals for ensuring access to information and services, including physical access to premises, as well as action to improve written and verbal communication;
- Proposals for training staff on the requirements of DDA
- Proposals for publishing results of monitoring, impact assessments and progress against objectives and making information available to staff and the public;
- A timetable for taking this work forward, including clear outcomes;
- An indication of resources needed to take actions forward;
- An indication of responsibilities for taking actions forward, and who will be ultimately accountable.

Employment

5.7 The action plan should include the priorities highlighted by disabled members of staff identified through involvement/consultation in the development of the scheme.

5.8 The strategic priorities of the organisation, including workforce planning targets and specific outcomes through practical improvements should also be included. This may include links with education and the development of work experience programmes, local partner organisations and arrangements for volunteers.

5.9 Any action arising out of mapping and gathering information in relation to recruitment, retention and development/progression of disabled members of staff with the organisation should be included within the action plan. This should be presented alongside strategies for gathering of such information to inform future schemes. This should include outcomes from staff surveys, focus group sessions and so on.

5.10 Actions relating to how staff will be supported on an ongoing basis should be considered including mentoring, training, personal development and career opportunities alongside the provision of appropriate reasonable adjustments.

5.11 The learning and development needs of the organisation should be considered within the action plan alongside any requirements as identified through assessments such as Improving Working Lives Practice Plus, Investors In People and so on.

Service Delivery

5.12 Involvement with disabled service users should have indicated key objectives to be taken forward in the DES action plan, as should any assessment of existing functions and policies.

5.13 Action to address inequality could be linked to the organisation's service delivery targets, for which measures may already be in place. These may include consideration to minimise poor life expectancy; reducing high rates of obesity, smoking or poor physical health; and working to improve low rates of screening.

5.14 Any actions proposed should be realistic, both in terms of timescales and resources. It is often possible to implement "quick wins", where a simple solution can be found to redress a disparity in services. For instance, putting in place procedures for sharing disabled service users' requirements with other departments to which they may be referred, could make a big difference both to the disabled person and the department treating them.

5.15 The disparity in services should be clearly set out as an objective with expected outcomes. There should also be clear steps towards achieving the action, with an indication of responsibilities and resources required.

5.16 Please see in **Section 3 Resources, Worksheet 7** an example of an action plan that could be used.

Part Six – Monitoring the Action Plan

6.1 NHS organisations need to monitor the DES action plan in order to know whether the DES is working.

6.2 Arrangements for how progress will be monitored need to be set out in the DES, as well as a statement of how monitoring information will be used to inform future Disability Equality Schemes.

6.3 Monitoring services will identify gaps in provision and help the organisation to use resources more effectively. For instance, if it was identified that in one particular hospital, disabled people were more likely to be readmitted after discharge, this knowledge could be used to make changes and improvements to pre-discharge and after care. This would not only benefit the people concerned, but could make large savings in treatment costs.

6.4 Performance indicators and proposed actions can be used to monitor progress. If it is also clear where responsibilities for implementation of the actions lie, monitoring is much easier.

6.5 Another way is to use existing auditing processes, such as sickness management policies for staff, to monitor progress on employment functions.

6.6 Consideration should be given to how the organisation will measure success. This may include the setting of disability action criteria into all managers/supervisors/clinical leaders' performance objectives.

Part Seven – Engagement

7.1 To ensure disability equality, NHS organisations may need to work with other organisations and partners. Looking beyond the service you would normally provide may enable you to see how involvement with external and internal partners could help you make improvements. The best way to illustrate this is by giving examples of working together to produce positive outcomes, as in the case studies below.

Case Study

Disability Employment Group – Luton and Dunstable Hospital NHS Trust

The Disability Employment Group of Luton and Dunstable Hospital has developed a partnership approach with local disability and public sector organisations to support the employment of people with disabilities within the Trust. Meeting quarterly the group provides an opportunity to share information, views on initiatives and processes with the aim to increase the recruitment and support of people with disabilities within the organisation. Agreed objectives to maintain the organisations' responsibility as a large community employer include monitoring the outcomes of training, development of best practice and the establishment of procedures that support disabled people in making reasonable adjustments, taking forward a coordinated approach. Representation on the group includes Jobcentre Plus, supported employment agencies, Luton Borough Council, Luton Disability Resource Centre.

7.2 The case study/example below was taken from the DRC Code of Practice.

A primary care trust has a smoking cessation strategy with central and local targets aimed at reducing the number of smokers in its area by 20% in five years. The organisation gathers evidence which finds that people with mental health conditions are more likely to smoke when compared with the general population, and that the existing programme is failing to reach or effect change amongst this group. The organisation develops partnerships with local mental health groups to develop both its general and specific cessations programmes aimed at ensuring that the programme has equitable impact across all groups.

Part Eight – Reporting Progress

8.1 There are many different ways in which NHS organisations can report on the progress of the action plan, and the results of impact assessments and monitoring. Progress on the action plan needs to be reported at least once a year (and need not involve a separate document, but may be done through existing reporting methods), and results of impact assessments should be reported as they are carried out.

8.2 In the case of the workforce, reporting progress may simply mean that all staff are informed by regular updates on the internal website, and by staff notices/newsletters. Information can also be cascaded via staff network groups. In doing so, it is of paramount importance to ensure that the information is given in accessible formats to those who need it, for example in Braille or in audio format.

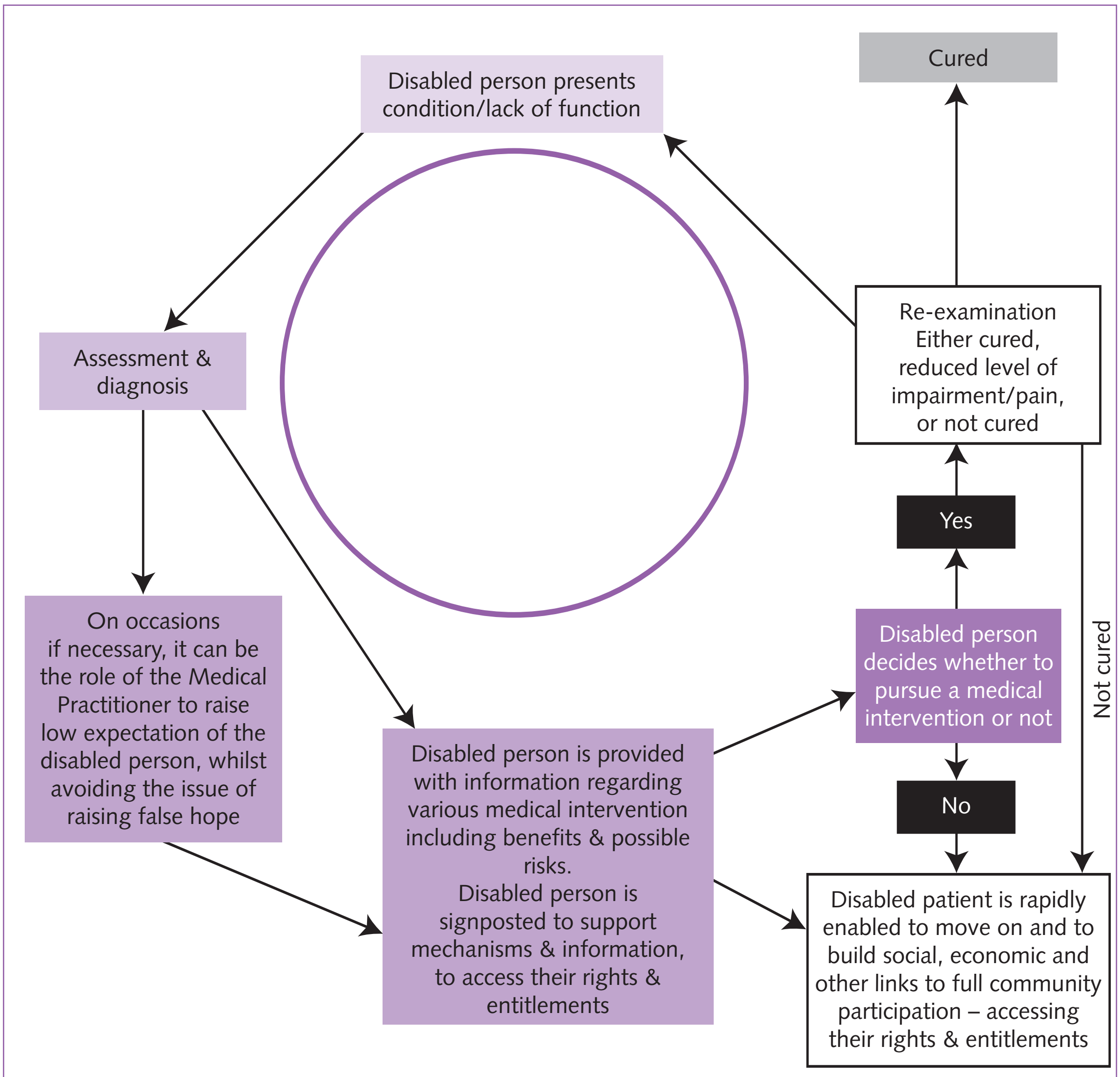
8.3 When informing service users and the general public of progress and results of impact assessments and monitoring, it is also important to consider the needs of all groups so that the information is readily accessible to everyone. Information which is posted onto the website should also be made available in hard copy for those who do not have access to computers, and should be made available on request in other formats, such as audio, Braille, large print, and Easyread.

8.4 It is good practice to publish progress reports in line with the business planning cycle so that they can inform and be informed by the process.

Section Three: Resources

Worksheet 1 – The Social Model of Disability

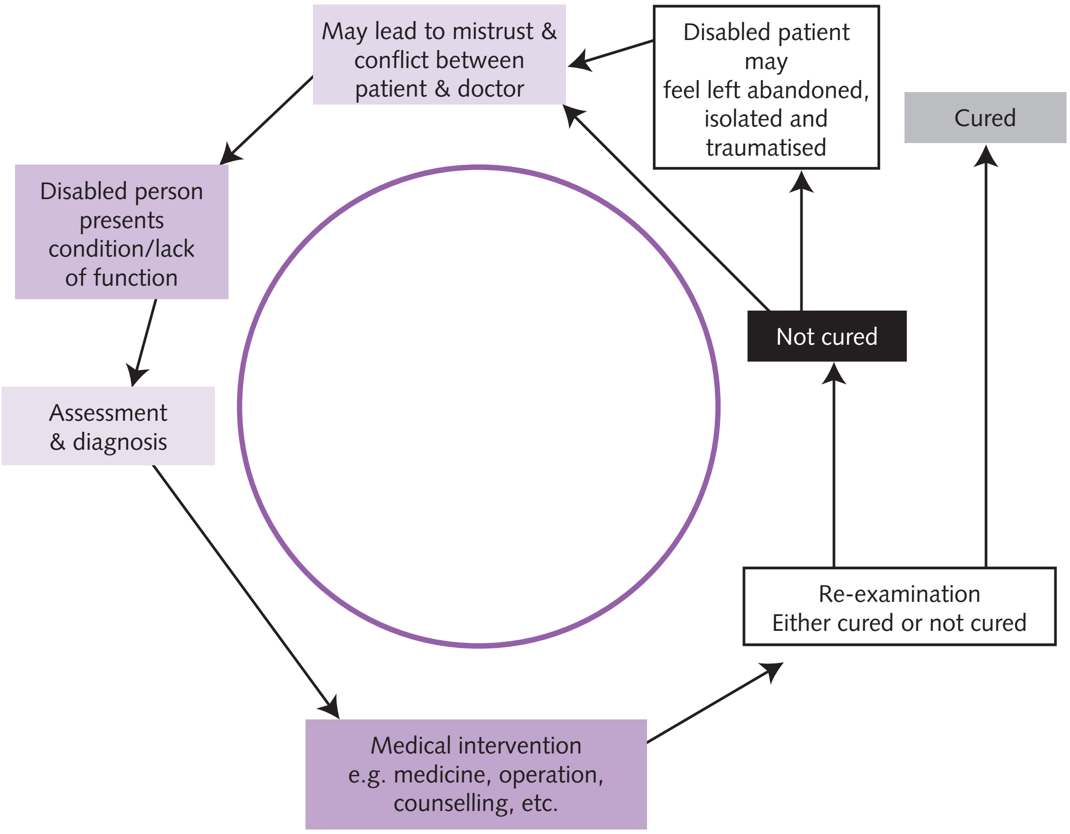
Social Model Applied to Medical Service – Cycle



Disabled people and the Medical Practitioners are able to use their knowledge skills and expertise to identify positive ways to improve the life chances of the disabled person.
Note: Disabled people may choose to both access their rights & entitlements whilst also seeking medical interventions.

Produced by GB Disability Training & Consultancy

Traditional Model Applied to Medical Services – Cycle



Developed from work by BCODP

Disabled people themselves and the medical practitioners are often both left feeling failures. A continual cycle of failing to be cured can ensue – leading to loss of self esteem, confidence, motivation in the disabled person, and frustration for the Medical Practitioner.

The DRC have produced a DVD – Closing the Gap – which is an excellent example of how the Social Model of Disability can be used to improve patient care in the NHS. It also illustrates how reasonable adjustments do not have to be costly, as sometimes all that is required to improve the patient experience is flexibility and understanding in delivering services.

Worksheet 2 – Reasonable Adjustments

Under the DDA disabled people can be treated more favourably in order to ensure equality of outcome. The Act places a requirement on employers to make reasonable adjustments to ensure disabled employees are not substantially disadvantaged.

Reasonable adjustments include changes to working policies and practices in addition to the physical features of any premises. Some adjustments may be a general response to the needs of all disabled people whereas specific adjustments will need to take into account the individual requirements of staff members, for example, in relation to:

- Mental health issues
- Learning difficulties
- Sensory impairments
- Physical impairments
- Progressive conditions

The disabled person must always be consulted about what adjustments they actually require, and if need be, an expert assessor should be brought in to work with the disabled person and identify what equipment would suit them best. Adjustments need to be arranged as soon as a disabled member of staff needs them and be reviewed on an ongoing basis to ensure any changing requirements are considered.

Examples of reasonable adjustments include:

- Agreeing a change or transfer of duties
- Agreeing flexible working hours
- Agreeing transfer to a different place to work to aid accessibility
- Giving or arranging for training or mentoring
- Agreeing time off during working hours for rehabilitation, assessment or treatment
- Acquiring or modifying equipment
- Modifying or adjusting some HR policies
- Altering physical features of the building/office layout

What is Reasonable

Whether an adjustment can be classed as reasonable will be influenced by a number of factors. Consideration will need to be given to how effective and practical an adjustment will be. However, many adjustments that are both effective and practicable are also simple and depend very much on a flexible approach and creative thinking. There is often a misconception that reasonable adjustments will be costly. Recent research by the Department for Work and Pensions demonstrates that of all employers who had made reasonable adjustments, one in five had incurred no cost and only 4% had incurred costs of over £10,000.

Health and safety should never be compromised either for the disabled person or other employees but equally health and safety should never be used as an excuse for not making reasonable adjustments.

Other criteria which can be used to decide whether an adjustment is reasonable include how effective the adjustment is in preventing disadvantage to the disabled person, how practical it is, how much it will cost, and how much disruption it will cause.

Reasonable adjustments may be required at any stage of employment:

- During the recruitment process (for example guaranteed interview scheme, making a British Sign Language (BSL) qualified person available for a deaf applicant)
- In terms and conditions of employment
- If a disability develops whilst a person is in post
- Age related disabilities in older employees

Worksheet 3 – Knowledge and Skills

1. Members of staff who work with the public should be fully trained and aware of the needs of disabled people. This should include awareness that disabled people may need equal treatment, more favourable service or different treatment from non disabled people in order to receive the same service. ***"To treat me equally you might have to treat me differently"***.

2. Raising awareness of disability related issues within employment is vital and therefore integration into existing training packages such as management training courses essential.

3. A review of what training/awareness raising takes place both at induction and ongoing will provide valuable information. Areas to consider include:
    - Is the training part of the organisation's mandatory programme?
    - Is the training designed to raise awareness or promote equality?
    - Are the competencies/learning outcomes evident?
    - Does the organisation commit to its delivery by the allocation of appropriate budgets?
    - Does the training content meet the requirements of the Knowledge and Skills Framework?

4. It is often difficult to judge what level of knowledge is required by different members of the organisation. The NHS Knowledge and Skills Framework (KSF) defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. Core standard 6, Equality and Diversity progresses an individual through four levels from 'acting in ways that support equality and value diversity' to 'developing a culture that promotes equality and values diversity'. Attaining the required learning to meet the assigned level within the core standard can be gained through a variety of learning methods.

5. The National Framework for Disability Equality and Awareness Learning (DEAL) in Health and Social Care provides a structure to determine the learning outcomes required by staff and what they mean in the resulting service to disabled people through appropriate evaluation and subsequent application.

6. Identifying an individual's learning/competency requirements involves a series of steps/considerations. Any learning should be fully evaluated and applied to ensure changes are experienced in the workplace by disabled employees and/or service users.

Worksheet 4 – Mapping out existing arrangements

Below are the suggested steps in developing a methodology with some examples which may be relevant to NHS organisations.

- Divide the functions of the organisation into manageable, discrete categories. For example for an NHS organisation this might be Human Resources, appointments systems, nursing services.
- Map out the disability information that is already available or that might be easily gathered in the future. For example, if you already gather information on people who are readmitted to hospital after discharge, it would be relatively simple to include a question on disability.
- Work out where the gaps in information are; involve disabled people in prioritising the gaps to be filled and how best to do this.
- Review the information you have – where are the problems, where is the situation unclear?
- Where there are problems, or the situation is unclear, do more detailed follow-up work – focus groups, independent research, etc.
- Report the evidence you have gathered.
- Involve disabled people in agreeing the way forward.
- Incorporate the agreed next steps in the next version of the Disability Equality Scheme.

Worksheet 5 – Impact Assessment

Disability Impact Assessment Framework

1 Introduction

1.1 Impact assessment is a systematic way of finding out whether a proposed policy affects people with disabilities differently. It will enable you to:

- Take account of the needs, circumstances, and experiences of those who are affected by your policies;
- Identify actual and potential inequalities in outcomes; including unlawful discrimination; and
- Consider other ways of achieving the aims of your policy in order to minimize or remove any possible adverse impact.

1.2 This framework is a general problem solving tool that can be used in impact assessments for all equality strands. The list below describes the steps required to carry out a full impact assessment:

- Identify your policy aims;
- Consider the data and research;
- Assess the likely impact on disability equality;
- Consider the alternative policies;
- Involve and consult relevant stakeholders;
- Make a decision on the policy;
- Make arrangements to monitor and review the way the policy works;
- Publish the results of the assessment.

1.3 The benefits accruing from carrying out impact assessments and consultations include:

- Encouraging NHS organisations to anticipate problems and make informed decisions;
- Making sure that policies are properly targeted;
- Improving the organisation's ability to deliver suitable and accessible services that meet varied needs;
- Encouraging greater openness about policy making;
- Increasing confidence in public services especially amongst people with disabilities;

- Helping to develop good practice; and
- Helping to avoid claims of unlawful discrimination.

1.4 Impact assessment and consultation must now be an integral part of the policy development processes within the NHS. It can't be perceived as either an add on or extra burden on a trust or other NHS body, rather it needs to be viewed as an opportunity to promote inclusive and fair service delivery and employment practice.

2. When and how fully should I assess a proposed policy?

2.1 You should start your impact assessment at the point you are deciding on the policy aims and objectives. This will ensure that you are thinking from the outset about the policy's potential impact on people with disabilities.

2.2 All proposed policies should be at least screened for their potential relevance to disabled people.

2.3 Given that the principles of relevance and proportionality underpin the general duty, the time and resources given to impact assessment and consultation will differ according to the relevance of the function and proposed policy to disability.

2.4 There are two levels of impact assessment: The first is when you are screening your proposed policies for relevance to disability. The second forms the bulk of the framework and outlines questions and practical issues that inform a full impact assessment.

3. Identify the aims of your proposed functions and policies and screening

3.1 Begin by defining the aims and objectives of the proposed functions and proposed policies, which will assist in defining the terms of reference for the impact assessment.

- What is the purpose of the function and proposed policy?
- Who is affected by it?
- Who is the policy intended to benefit, and how?

4. Screen the function and proposed policy:

4.1 All proposed policies should be screened for relevance to the disability equality duty

4.2 Screening your proposed policies will help to identify:

- If they may have a differential impact on certain groups;
- Whether groups may have particular needs;

- If the policy may hinder equality of opportunity and/or damage good relations with disabled people; and
- If the policy may provide an opportunity to promote equality of opportunity and/or good relations with people with disabilities.

4.3 The process may only produce estimates or signs of unequal impact or differential needs, but is useful when developing new policies, or considering changes to exiting policies. It will also determine whether a full impact assessment of the proposed policy is required. You should therefore consider the following:

- Is there any evidence that groups have different needs, experiences and priorities in relation to this particular proposal?
- Is there any evidence that the proposed policy could lead to any quantitative or qualitative differences in impact on certain groups?
- Could the proposed policy hinder equality of opportunity and/or damage good relations?
- Does the proposed policy provide an opportunity to promote equality of opportunity and/or good relations more effectively either within the organisation or in the wider community?
- Do we have to go outside of our 'normal channels' of information to elicit data to inform the screening process and help reach an informed decision?

4.4 If the answer to any of these questions is yes, then you should undertake a full impact assessment. If you don't consider the proposed policy as having any relevance to disability equality then you should consider getting sign-off to this effect. This will be necessary if, for example, your screening decision is questioned in the future.

5. The Full Impact Assessment Process:

Planning how your function and proposed policy will work:

5.1 Having screened your proposed policy, you can now start to consider some practical issues. The following questions will prove useful:

- How does the policy fit into your wider aims?
- How will you put the policy into practice, and who will be responsible for it?
- What outcomes do you want to achieve with the policy?
- How will you measure progress towards and/or achievement of those outcomes?
- Who are the key stakeholders in relation to the policy?

- How does the policy relate to other NHS policies in this area?
- How does your organisation interface with other bodies in relation to the implementation of this policy?
- How will you measure the effectiveness of your impact assessment?

Will I have to examine available data and research, and collect other information?

5.2 You should plan how you are going to identify, collect and assess existing and new data and information. See **Part 2, 2.7 – Gathering Data** above for guidance on carrying out this function.

Assessing the likely disability impact of the proposed policy.

5.3 You can now use the information you have gathered and analysed to decide whether your policy proposal could affect disabled people differently, and whether any of these differences constitute adverse impact. This information should be checked for both validity and accuracy. Limitations of both quantitative and qualitative forms of data should be taken into account during the process.

5.4 If the results of your analysis lead to a finding of potential adverse impact and/or unlawful disability discrimination you will need to investigate the processes and tackle any barriers or failings you find. You may need to consider alternative ways to achieve your policy objectives.

5.5 To reach a view on the potential impact you will need to consider the following questions:

- Is there an adverse impact on any disabled group in respect of either the quantitative or qualitative data?
- Could the way the policy is carried out have an adverse impact on:
  - Equality of opportunity for some disabled groups?
  - Good relations between different groups?
- Does the policy promote equality of opportunity and/or good relations?
- Is the policy directly or indirectly discriminatory, and can the latter be justified?
- Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment to redress disadvantages? If so is it lawful?
- Is further research or consultation necessary?
- Would this research be proportionate to the importance of the proposed policy?

Positive Action and Reasonable Adjustment:

5.6 Any policy targeted at a particular disabled group by definition will have a differential impact on other groups. The assessment of this impact must take into account whether it is lawful and justifiable to address the needs of a particular group and also whether it promotes equality of opportunity, and good relations.

What do I do if I find potential adverse impact?

5.7 If your assessment shows that your policy is likely to have an adverse impact on disabled people, you need to consider ways of dealing with this. You could make changes to the policy, or in the way you plan to implement it, in order to remove or lessen the adverse impact. You may choose to consider a different policy altogether, which still achieves the aims and objectives of your original proposal, but avoids any adverse impact on disability equality.

5.8 Before making a decision you should also check that by adopting an option that reduces adverse impact on one particular group you do not create adverse impact on another group. If this is unavoidable you may need to satisfy yourself that you can justify this on non-disability grounds. You should seek legal advice on the issue of whether you can justify what may be an indirectly discriminatory policy. Here you need to know if you will be able to argue credibly that there was no non-discriminatory alternative possible that would have achieved the same policy aims and objectives.

5.9 You may find the following questions useful if considering different policy options:

- Are there any alternative measures or mitigation that could be taken which would achieve the desired aim without the identified adverse impact?
- If so could the alternative measures or mitigation lead to adverse impact for another group?
- How far does each option advance or restrict the strands of the disability equality duty?
- If you do not adopt the option that is better for the disability equality duty, what are the consequences for the disabled groups affected by each option, and what are the consequences for the organisation?
- Can you justify proceeding with an indirectly discriminatory policy i.e. can you argue credibly that the policy aims and objectives were essential and justifiable to the organisation and that the means you employed in achieving them were appropriate and necessary?

How and who do I consult about the proposed policy?
See **Section 2 – Part 1 Involving Disabled People**

How do I decide whether to introduce the policy?

5.10 The disability equality duty requires NHS organisations to have 'due regard' to its strands. The decision should be based on the following key factors:

- The aims and objectives of the policy.
- The results of the data assessment.
- The relative merits of other policies.
- The results of your consultation and involvement.

5.11 You should consider the following questions making your decision on whether to introduce the policy:

- Is there any adverse impact identified?
- What are the main consultation findings, and what influence do they have on the proposed policy?
- Are there any alternative measures or mitigation that could be taken which would achieve the desired aim without the adverse impact identified?
- Can the adverse impact or indirect discrimination be justified?
- How can you justify proceeding with an indirectly discriminatory policy i.e. can you credibly argue that the policy objectives were essential and justifiable to the organisation and that the means you employed in achieving them were appropriate and necessary

5.12 If you decide to proceed with the policy, regardless of having identified adverse impact, you must satisfy yourself that you can justify this decision on non-disability grounds.

5.13 Below are some important points that you should consider when deciding on whether to introduce a policy, especially if adverse impact has been identified.

If your disability equality impact assessment shows that the policy could be:

- Directly discriminatory in any of the areas covered by the Act, the policy would be unlawful and should be rejected. Such a discriminatory policy cannot be justified and you should find other ways of achieving your goals.

- Indirectly discriminatory you should also reject it, unless you are satisfied that you can justify the policy under the Act. This means you would probably have to show successfully in court that:
    - The policy was necessary to the organisation effectively carrying out its functions.
    - The organisation was unable to find another way of achieving the policy aims and objectives that had a less discriminatory effect.
    - The organisation considers that the means it employed to achieve its policy aims and objectives were proportionate, necessary and appropriate.
- If the assessment shows that the policy may not promote equality of opportunity or good disability relations, you should consider alternatives, including mitigating measures to lessen negative impact, and increase the likelihood of endorsement.

5.14 Finally here you should ensure that you have recorded your conclusions at each part of the decision making process. These conclusions can then be brought together into an impact assessment report that clearly demonstrates the relative weight given to particular forms of data, including the contributions made by disabled consultees during the consultation. Then you can provide the reasons for your decision, and recommend what is needed to ensure an effective and fair implementation of the policy, including any arrangements for training and regular monitoring post-implementation.

How do I ensure effective monitoring of the proposed policy?

5.15 To meet the duty, you will need to make arrangements to monitor the policy regularly. It is a requirement to monitor existing policies for any adverse impact. You should therefore consider whether your normal monitoring arrangements are suitable for the purpose and if not how they could be revised accordingly.

5.16 You should not therefore consider the impact assessment as a one-off exercise. As only you will know the actual impact of your proposed policy when you have put it into practice, you would be best advised to plan a review as soon as practicable to see how the policy is working in practice.

5.17 You should consider the following questions when planning how to monitor the new policy:

- Do you think the policy should be piloted before full implementation, to check for any adverse impact?
- How will the policy be monitored after full implementation?

- Have you planned reviews of the policy? If so how often and who will be responsible?
- Will you carry a further impact assessment and consultation to check if the policy is not resulting in adverse impact? If so when is this likely?
- Will you consider how to improve the policy, and particularly in respect of promoting equality of opportunity and good disability relations?

5.18 If, depending on the nature of the policy, you have not carried out a full impact assessment but think there could be any danger of the policy having an adverse impact on any disabled groups, or if there is public concern about it, you could consider testing it out in one or two areas first.

How should I publish the results of assessments and consultations?

5.19 Under the specific duty to publish a Disability Equality Scheme, you must also set out your arrangements for publishing the results of the assessments, involvement and consultations as well as the monitoring you carry out to meet the duty and make the results of these available.

5.20 In the case of policies you are proposing to introduce, you must set out your arrangements for publishing the results of your assessment and consultation in terms of the impact the policies are likely to have on promoting disability equality.

Why is this important?

5.21 If you are to win public confidence you need not only to promote disability equality but to be seen to be doing so. By publishing the results of your activities you will show that you are carrying out the specific duties of:

- Assessing
- Involvement and consulting; and
- Monitoring.

5.22 Publishing your results will also show your commitment to promoting disability equality. Your staff will be better informed about your policies and more aware of the standards of good practice. Also, public confidence in your organisation will increase particularly among people with disability.

What information should I publish?

5.23 We would recommend that you publish summaries of your impact assessment reports regularly and distribute them more widely, and make more detailed reports available to those who ask for them.

What should I publish in an impact assessment report?

5.24 You should consider publishing the following:

- A description and explanation of the proposed policy and a brief account of how you assessed its possible affects;
- A summary of the results of your assessment, including the likely impact of the proposed policy on promoting disability equality;
- Any available technical reports, and how to get them;
- A review of your proposed policy (or policy options) in the light of your assessment;
- A statement of what you plan to do next.

What should I publish in a consultation report?

5.25 You should consider publishing the following:

- Why you carried out the consultation;
- Details of how you went about it;
- A summary of the replies you received from people you consulted;
- A review of your proposed policy (or policy options) in the light of the responses you revived, particularly concerning any adverse impact on promoting race equality;
- A statement of what you plan to do next.
- You should make sure that the report is published in a format that is accessible taking into account the needs of particular groups.

Worksheet 6 – Action Planning Framework

Task	How to	Outcomes sought	Evaluation	Responsibility
1. Establish steering group	Refer to **Section 2, Process; 1.3, Accountability**	Group establish with membership and terms of reference	Board responsibility established with regular feedback/reports being received	
2. Establish working group	Refer to **Section 2, Process; 1.3, Accountability**	Group established with membership and terms of reference agreed	Regular reports on progress against action plan being given to the steering group	
3. Identify outcomes required for action plan	Refer to **Section 2, Process; Part Five, The DES Action Plan**	Key organisational targets around employment and service provision identified and included in the action plan	Progress against action plan and performance monitoring	
4. Identify who to involve – internal and external to the organisation	Refer to **Section 2, Process; Part One, Involving Disabled People**	• Barriers identified • Priorities set • Priorities used to inform/assist planning activities • Priorities for future action plans identified	Active involvement of disabled people both internal and external to the organisation	
5. Identify what data is available and/or how to obtain data in the future	Refer to **Section 2, Process; Part Two, Mapping**	• Data sources identified • Gaps in data collection identified and included in action plan	Data gathered, analysed and used to inform priorities	
6. Identify measures for gathering information	Refer to **Section 2, Process; Part Two, Mapping**	• Data collected and analysed • Information used to inform priorities for action plan • Future arrangements included in action planning process	Quality of information gathered and how it is used to inform actions	

Task	How to	Outcomes sought	Evaluation	Responsibility
7. Establish arrangements for impact assessment for new policies and functions	Refer to **Section 2, Process; Part Three, Impact Assessment**	• Arrangements for screening and full impact assessments agreed and in place	Outcomes of impact assessment and inclusion of results/gaps identified in future action plans	
8. Identify arrangements for assessing for impact present policies and functions	Refer to **Section 2, Process; Part Four, Assessing Existing Policies**	Arrangements in place with realistic timescales for the 3 year period of the DES. Priorities assigned to existing policies	Outcomes of the assessments and how they influence decision making within the organisation. Inclusion of outcomes within future action plans	
9. Identify arrangements for assessment of services outsourced	Refer to **Section 2, Process; Part Four, 4.6 Assessment of Services Outsourced to Private Contractors**	Arrangements in place with realistic timescales	Outcomes of the assessment and evidence of how services outsourced are provided in equitable way	

Worksheet 7 – Sample action plan

Objective	Steps To Achieve	Outcomes Required	Timescales	Resources Required	Responsible Team/ Person
Train all staff in DDA awareness	DEAL Framework	All staff will be trained to consider disability equality in all of their dealings with colleagues and customers	By December 2007		HR Teams
Review all employment policies for impact on disability equality	Screening tool?	All employment policies are equality proofed	By December 2009		HR Teams

SERVICE DELIVERY ACTIONS

Objective	Steps To Achieve	Outcomes Required	Timescales	Resources Required	Responsible Team/ Person
To ensure accessibility of all NHS premises	Carry out accessibility audits on all NHS premises	That disabled service users will be able to access all of our buildings	By 2007		
Ensure disabled people can access all NHS communications	Review communications strategy	All NHS communications available in accessible formats	By 2009		

This could also be broken down if necessary into the main headings for what should be included in an action plan, i.e. proposals for involvement, impact assessment, ensuring access, publishing results, etc. etc.

Worksheet 8 – What help is available?

Disability Rights Commission

The Disability Rights Commission (DRC) is an independent body established in April 2000 by an Act of Parliament with the goal to create "a society where all disabled people can participate fully as equal citizens" through working with disabled people, employers and service providers to stop discrimination and promote equality of opportunity.

Key roles of the DRC include

- Advice and information for disabled people, employers and service providers
- Support for disabled people in getting their rights under the DDA, including legal cases to test the limits of the law
- Problem solving
- Independent Disability Conciliation Service for disabled people and service providers.
- Production of policy statements and research on disability issues; and publication of rights and good practice for disabled people, employers and service providers.

Website: www.drc-gb.org

Employers Forum on Disability

The Employers' Forum on Disability (EFD) is a not-for-profit membership organisation that is recognised for setting the standard in respect to disability best practice in the UK. Their aim is to make it easier for members to recruit and retain disabled employees, serve disabled customers and work in partnership with disabled stakeholders. This is achieved through the provision of expert guidance on all aspects of disability as it affects business. Two levels of membership are offered, which give employers access to a range of benefits including help line advice, publications, briefing papers and regional networks. The EFD has also produced a Disability Standard which offers a management benchmarking tool.

Contact EFD on enquiries@employers-forum.co.uk

Direct Enquiries

Direct Enquiries has been developed to provide information for disabled people regarding the accessibility of buildings. Access and facilities of premises are assessed, and the details are then put onto a nationwide access register, which enables organisations to inform and communicate with people in advance of their visit.

The assessment, which is written in partnership with RADAR (The Disability Network) can be updated by organisations as necessary, and is open to feedback by members of the public using the service. Participating organisations will be given access to an action plan, developed with the Employers Forum on Disability (EFD) which provides assistance for planning alterations, including the setting of budgets and timescales for undertaking the improvements needed.

Website: www.Directenquiries.com

Configure

Access Auditing is carried out using Configure's bespoke audit tool, SMART Audit DDA. Operating on a handheld PDA with camera attachment, this innovative audit software guides the user through the building, completing a series of dynamic questions and tasks to build up an accurate picture of the building and its accessibility. Data is then uploaded, compiled into a comprehensive accessibility report, presented back to the user for checking online, and downloaded as a PDF. Uniquely, audit data is also held securely in a database, arranged by client, and made available to clients online for analysis at any time.

Website: www.configure.co.uk

Access to Work

Access to Work is a Government initiative, administered by Jobcentre Plus, part of the Department for Work and Pensions (DWP) which gives practical advice and financial help that can be tailored to suit the needs of an individual in a particular job. Access to Work is available when additional costs are incurred because of a disability, and does not replace the normal responsibilities of the employer to implement Health and Safety regulations or replace the responsibilities required by the Disability Discrimination Act.

How does the programme work?

Access to Work can offer a grant towards the approved costs that arise because of an individual's disability. For people who are starting a job with you, the grant is up to 100% of the approved costs. For those who already work for you, the grant is up to 80% of the approved costs over the first £300.

All help is for a maximum period of three years after which the Access to Work Business Centre will review the support and the circumstances. Access to Work may provide help for a further period if a member of staff continues to be eligible for help under the rules that then apply.

Further information including contact details can be found on the Jobcentre Plus website at: http://www.jobcentreplus.gov.uk/JCP/Customers/HelpForDisabledPeople/AccesstoWork/index.html

Pathways to Work

Pathways to Work is another government initiative, which is administered by Jobcentre Plus, part of the Department for Work and Pensions (DWP). It was developed to provide support to help people claiming incapacity benefits back into the labour market. It started in 2003 and was piloted in several areas of the country. The comprehensive "back to work" help for people with moderate health conditions and disabled people includes:

- Making work pay with a new Return to Work Credit of £40 a week payable for a year for those earning up to £15,000;
- New condition management (rehabilitation) services provided jointly by the NHS and Jobcentre Plus to manage the conditions that most often stop people working; The Condition Management Programme (CMP) is designed to help people understand and manage their health condition in a work environment;
- Early support from skilled personal advisers and follow-up help when in work.
- Further information can be found on the Jobcentre Plus website http://www.jobcentreplus.gov.uk/JCP/Customers/Programmesandservices/Pathways_to_Work/index.html

SIGN

Sign offers a number of services for any deaf person, including The Advocacy Service, which helps individuals so they are more able to sign/speak up for themselves, understand their rights, access services, make informed decisions, feel confident and gain greater control over their lives. Their Outreach Service helps people to live more independently in the community. It provides one-to-one support to people who might be isolated, or need help with daily living skills. It can also help people access activities, or with behavioural, emotional or social difficulties. Outreach workers can also monitor mental health needs.

Sign currently provides Supported Housing for deaf residents in London, Manchester and Leeds. This support enables residents to have more independent living, develop skills and attend college or a work placement.

Falcon House is *Sign*'s Club House and day service in South West London. It provides a place of safety, encouragement and motivation for any deaf person who has had some form of mental illness or had behavioural, emotional or social difficulties.

Sign provides deaf awareness training to healthcare staff. This training is tailor made to fit the client's requirements within their particular services. They also carry out mapping exercises to identify gaps in service provision for deaf people, to develop opportunities for preventative projects. Sign seek to carry out this work in collaboration with other organisations and can be contacted on http://www.signcharity.org.uk/

Glossary

Term/Abbreviation	Meaning
BME	Black and Minority Ethnic
CRE	Commission for Racial Equality
DDA	Disability Discrimination Act
DEAL	Disability Education and Learning
DED	Disability Equality Duty
DES	Disability Equality Scheme
DES Action Plan	Disability Equality Scheme Action Plan
DRC	Disability Rights Commission
DWP	Department for Work and Pensions
General Duty	Duty to ensure disability equality
Impact assessment	Method of ensuring policies do not discriminate against certain groups
Medical model of disability	Traditional model which looks at a person's disability as a barrier to inclusion
PCT	Primary Care Trust
SES	Single Equality Scheme
SHA	Strategic Health Authority
Social model of disability	Accepted model which recognises that social and environmental barriers prevent inclusion of disabled people
Specific Duty	Duty to produce a Disability Equality Scheme
RES	Race Equality Scheme
RR(A)A	Race Relations (Amendment)Act
Traditional model of disability	Same as medical model

References

Chartered Institute of Personnel and Development (2006) *Disability and Employment*. Available at www.cipd.co.uk

Department of Health (2004) *You Can Make a Difference: Improving Hospital Services for Disabled People*. Department of Health Publications 40210 3p 100k Feb06 (CWP) 271853

Department of Health (2004) *You Can Make a Difference: Improving Primary Care Services for Disabled People*. Department of Health Publications 40581 2p 100k Feb 06 (CWP) 271855

Department of Health (2004) *You Can Make a Difference: Improving Primary Care Services for Disabled People: Good Practice Guide for Primary Care Service Providers*. Department of Health Publications 40555 Sep 04

Disability Rights Commission (2004) *Code of Practice: Employment and Occupation*. HMSO ISBN 0-11-703419-3

Disability Rights Commission (2002) *Code of Practice: Rights of Access Goods, Facilities, Services and Premises*. HMSO ISBN 0-11-702860-6

Disability Rights Commission (2006) *Doing the Duty*. Available at www.dotheduty.org

Disability Rights Commission (2006) *Employment: Developing Policies and Monitoring Disability*. Available at www.drc-gb.org

Disability Rights Commission (2006) *Employment: Reasonable Adjustments*. Available at www.drc-gb.org

Disability Rights Commission (2006) *The Disability Equality Duty: Guidance on Gathering and Analysing Evidence to Inform Action*. Available at www.drc-gb.org

Disability Rights Commission (2005) *The Duty to Promote Disability Equality: Statutory Code of Practice*. HMSO ISBN 0-11-703-605-6

Equality Challenge Unit (2005) Briefing Paper 3. *Disability Equality Schemes: Collecting and Improving Baseline Data and the Importance of Involving Disabled People*. Available at www.ecu.ac.uk

GB Disability Training & Consultancy social model of disability. Available at www.gbdtc.org.uk

Office of the Deputy Prime Minister (2005) *Improving the Life Chances of Disabled People*. Available at www.strategy.gov.uk

Trades Union Congress (2006) *Promoting Disability Equality*. Available at www.tuc.org.uk

Trades Union Congress (2006) *Monitoring Disability*. Available at www.tuc.org.uk

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