Disability Equality

Online Training

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Belfast Health and Social Care Trust

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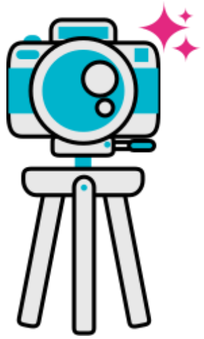
Housekeeping

Mute



Camera On/Off

Ask questions any time – in chat box or by raising hand

Participate and engage when you see this icon

Outcomes

Aim

To provide knowledge and skills needed to work with and respond effectively and sensitively to people with disabilities.

Promote equality of access and opportunity for disabled people

Increased awareness of

- Disability issues and legislation
- Barriers to access
- Reasonable Adjustments
- Human Rights based approach
- Effective Communication

Disability

Definition and types of disability

Definition of ‘Disability’

A person with a physical or mental impairment which has an effect on his/her ability to carry out normal day-to-day activities. The effect must be substantial, adverse and long term.

- Disability Discrimination Act 1995 (DDA)

Changes to the definition of ‘Disability’

Discrimination (NI) Order 2006

•Protection From Point of Diagnosis: People with Cancer, HIV or MS.

•Mental health conditions do not have to be ´clinically well recognised´ before seen as an ‘impairment.’

Autism Act (NI) 2011

•Amended definition to cover difficulties with ‘social interactions / social relationships.’

Physical

Learning

Sensory

Mental Health

Autism Spectrum Disorder

Progressive condition

Acquired Brain Injury

Dementia

Hidden Disability

Be mindful of **multiple disabilities**

What % of people in Northern Ireland has a disability?

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Facts about Disability in Northern Ireland

42,000 people with learning disabilities

1 in 4 people experience mental ill health

AB

1 in 10 people have dyslexia

5.9% of school children identified with autism

22,000 people living with dementia

300,000 people who are deaf, have a hearing loss or have tinnitus – 1 in 6

57,000 people who are blind or have significant sight loss

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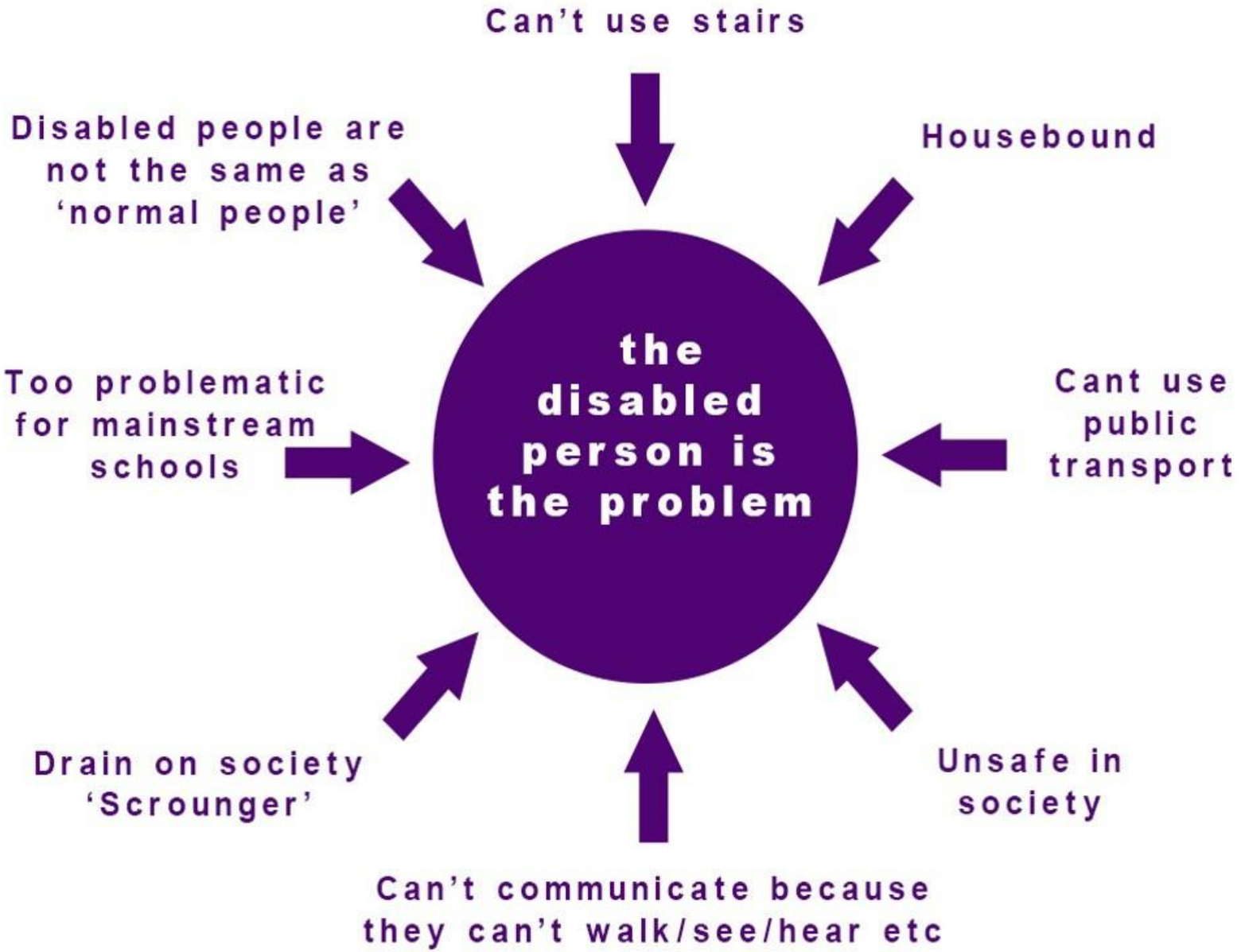
Models of Disability

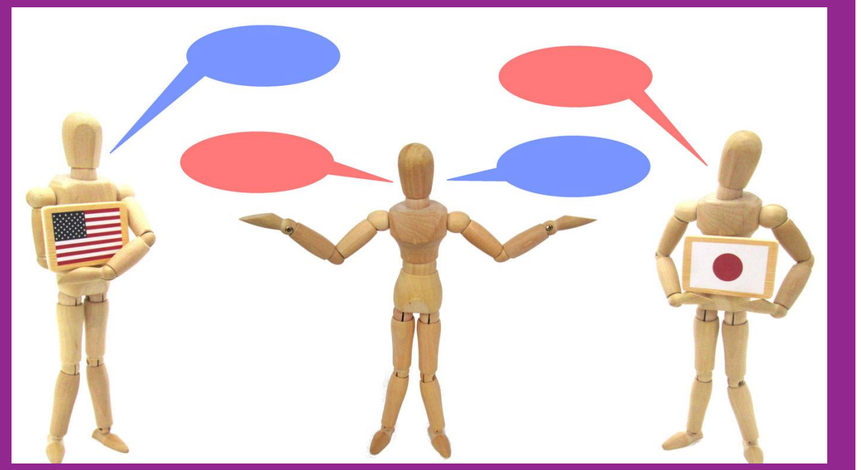
Medical

Social



The Medical Model of Disability

GREATER MANCHESTER coalition of disabled people GMCDP



Only stairs, with no ramps or lift

Discrimination and segregation

Inaccessible buildings and housing

Segregated schooling

the problem is how society is arranged not the disabled person

Inaccessible public transport

Multiple barriers to employment

Over-the-top health and safety

No sign language interpreters or accessible formats available

The Social Model of Disability

GREATER MANCHESTER coalition of disabled people GMCDP

Discrimination

People with a disability can experience barriers to accessing services and employment, including equal access to health and social care

Discrimination is:

- Less favourable treatment
- Harassment
- Victimisation
- Failure to make reasonable adjustments

Legal Protections

Disability Discrimination Act

1995	Employment
1999	Service Providers: must make reasonable adjustments to policies & practices
2004	Service Providers: physical access duties
2005	Disability Discrimination (Transport Vehicles) Regs (NI)
2006	Disability Duties for Public Authorities ➢Promote Positive Attitudes ➢Encourage participation in public life
2009	Disability Discrimination (Transport Vehicles) Regs (NI) Unlawful to offer lower standard or worse terms

Disability Discrimination Act 1995 (DDA)

- Public Sector Duties : Section 75 NI Act
- Mental Health Order 1986
- Autism Act (NI) 2011
- Mental Capacity Act (NI) 2016
- Human Rights Act 1998
- UNCRPD
- SENDO

UN Convention on the Rights of Persons with a Disability (UNCRPD) 2008

- The purpose of Convention to promote protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to **promote respect for their inherent dignity**. (Article 1)

- The Convention affirms that people with disabilities have the **same rights** as everyone else.

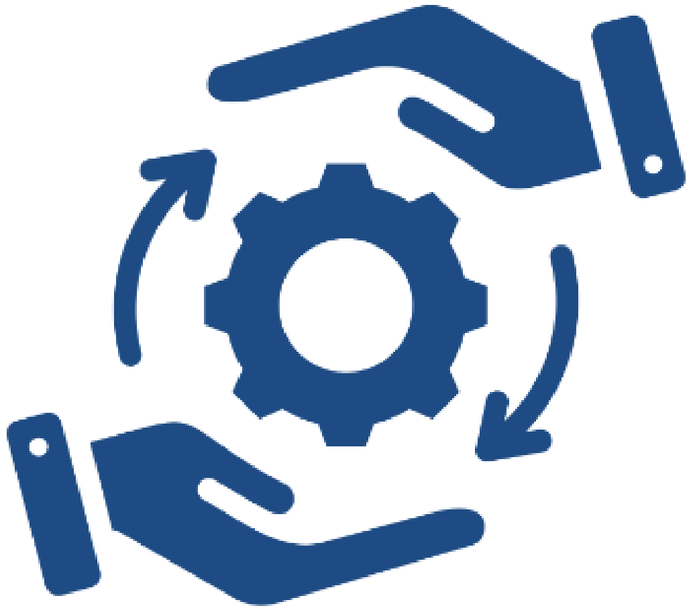
- It means the Government is **legally bound** to protect the Human Rights of people with disabilities.

- People with disabilities can make **complaints** to the UN Committee on the Rights of People with Disabilities.

- The Convention marks a shift in thinking about disability from a social welfare concern to a human rights issue, which acknowledges that **societal barriers and prejudices are themselves disabling**.

International human rights protections for people with a disability

Reasonable Adjustments



Where a disabled person finds it impossible or unreasonably difficult to use a service or work in the Trust, reasonable adjustments must be put in place

We must make changes or adjustments to any barrier that exists.

Reasonable adjustment duty

This is a Reactive and an Anticipatory Duty

Can mean:

- ✓ Changes to policies, practices or procedures
- ✓ Changes to physical features
- ✓ Provision of auxiliary aids / services

Applies to both service provision and employment

Failure to make reasonable adjustments

A failure to comply with a duty to make a reasonable adjustment in respect of a disabled person amounts to discrimination in its own right. Such a failure is therefore unlawful.

Clearly, however, an employer will only breach such a duty if the adjustment in question is one which it is reasonable for it to have to make. So, where the duty applies, it is the question of 'reasonableness' which alone determines whether the adjustment has to be made."

Equality Commission NI

Equality Commission
FOR NORTHERN IRELAND

What is 'reasonable'?

It will vary according to :

1. The type of services being provided

2. The nature of the service provider and it's size and resources

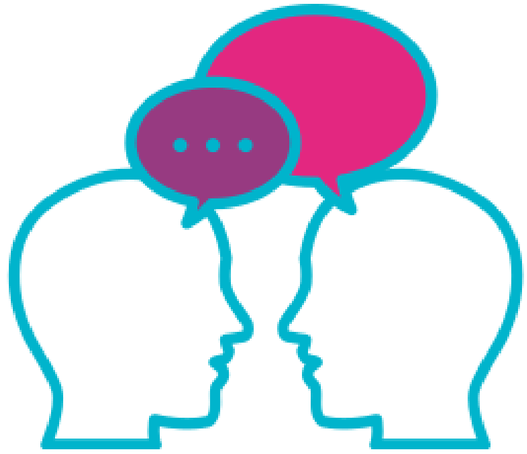
3. The effect of the disability on the individual disabled person

An organization **cannot justify** a failure to make a reasonable adjustment.

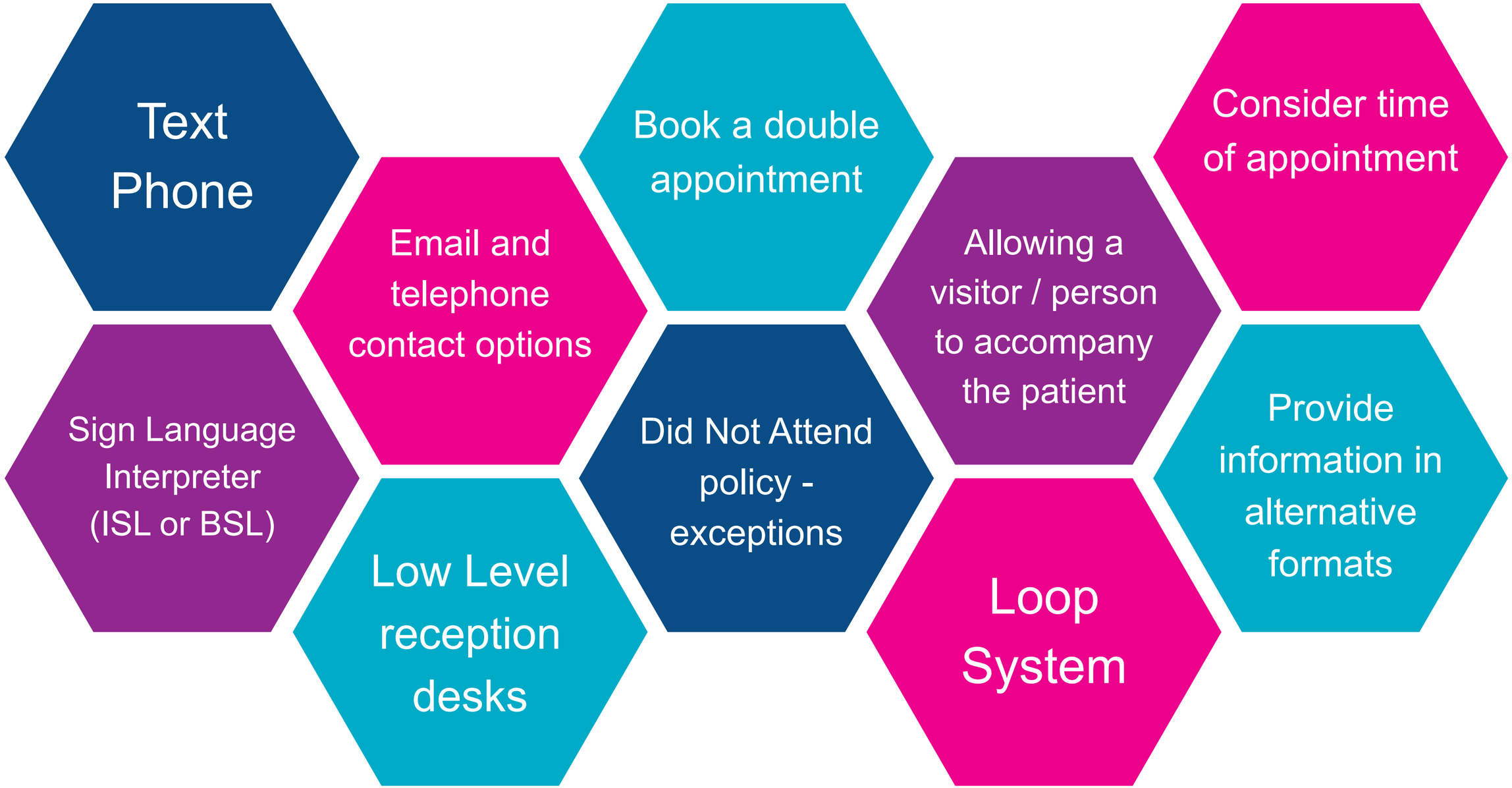
Making reasonable adjustments things to consider

- **Effectiveness** in overcoming the difficulty that disabled people face
- The extent to which is **practicable**
- Financial and other **costs** of making the adjustment
- Extent of any **disruption** which taking the steps would cause
- Amount of any resources **already spent** on making adjustments
- Availability of financial or other **assistance**

Reasonable adjustments



Examples of Reasonable Adjustments



Practical Advice

Appointment letters

Issue/Barrier	Solution?
Patient cannot read appointment letter	Large print Email?
Asking a patient to telephone clinic to arrange an appointment	Alternative to telephone
Service user does not understand the appointment letter	Provide easy read

A reasonable adjustment may be greater tolerance of missed appointments if the reason for this is disability related

Practical advice

encompass can identify people with a disability who require reasonable adjustments, such as:

- Sign language user
- Has a learning disability- shows hospital passport.

Easy Read

TELLING IT LIKE IT IS

TILII TRANSLATES
EASY READ SERVICE

They must believe that a deprivation of liberty will help stop you hurting yourself or other people.

They must consult your nominated person.

They must follow the process to get the deprivation of liberty approved.

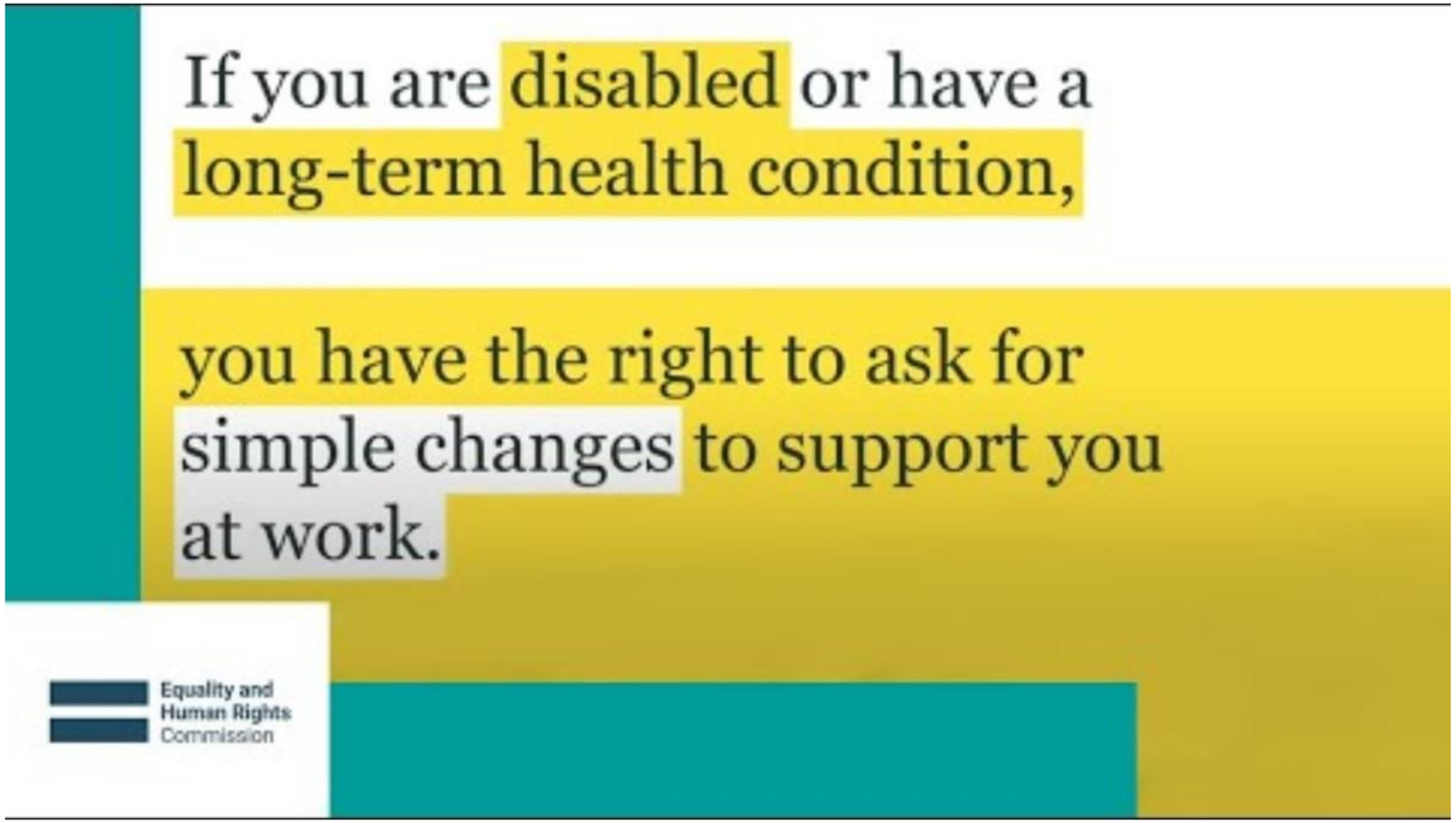
easy read

For more detailed information and guidance on the Mental Capacity Act, and Deprivation of Liberty Safeguards visit website:
www.health-ni.gov.uk/mca

ARC

made with photosymbols

Reasonable adjustments for staff



Belfast Trust Case 2018

“The Belfast Health and Social Care Trust has apologised to a young woman with mental ill health for the injury to her feelings, upset and distress she suffered as a result of its service provision.”

HSC Belfast Health and Social Care Trust

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Reference No: SG 56/09

Title:	**Protocol for Patients who Cancel or Do Not Attend Outpatient Appointments**

Equality Commission
FOR NORTHERN IRELAND

21 February 2018

PRESS RELEASE

Belfast Trust settles case with young woman with mental ill-health

The Belfast Health and Social Care Trust has apologised to a young woman with mental ill health for the injury to her feelings, upset and distress she suffered as a result of its service provision.

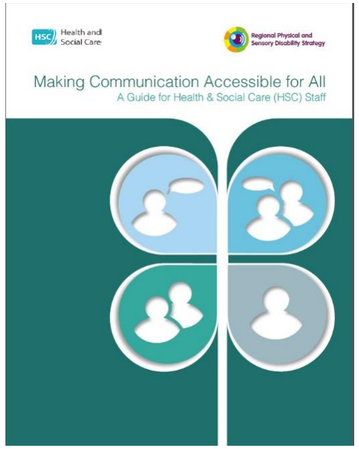
The Trust has paid £5,500 to the woman who, with the assistance of the Equality Commission, took a case alleging that the Trust failed to provide her with adequate care and management in accessing mental health care.

The Trust acknowledged that an error was made, that it failed to make reasonable adjustments in the services it was providing to her and that this was a breach of its obligations under the Disability Discrimination Act, 1995. The parties agreed that there was no intention on the part of the Trust to discriminate against her.

At the time, the woman was 19 years of age and had been diagnosed with a chronic social anxiety disorder and depression several years previously. She suffered from agoraphobia, which prevented her from leaving her house. She had recently been formally diagnosed with Asperger Syndrome. She had, up to January 2017, been under the care of the Child and Adolescent Mental Health Service (CAMHS) but was then to be placed under care of the Adult Mental Health Service (AMHS) team in order to access treatment for her anxiety disorder, including her agoraphobia. She also required adult autism services and the gateway to this service was through the AMHS team.

The AMHS 'Do Not Attend' protocol for outpatient appointments provided that, should a patient miss two consecutive appointments, they would be discharged from this service and this policy was strictly enforced. The AMHS policy has a Mental Health Addendum

REMEMBER!

- To make our services and workplace accessible we have a legal duty to anticipate barriers & make reasonable adjustments
- Don’t wait until things go wrong.
- When making adjustments make sure they work.
- Make sure your solutions take account respect and dignity
- Involve Staff & Service Users in designing accessible services
- 

Key Human Rights in Health & Social Care

Article 2 – Right to **Life**

Article 3 – Right not to be **tortured** or treated in an **inhuman** or **degrading** way

Article 5 – Right to **Liberty** and Security

Article 8 – Right to respect for **private** and family life, home and correspondence

Article 14 – Prohibition from **Discrimination**

Relevant considerations in respect of making reasonable adjustments under the DDA may include whether the provision of the service in this way significantly offends the **dignity** of disabled people and the extent to which it causes disabled people inconvenience.

They are part of what it means to be human

They cannot be taken away from us (but may be limited or restricted in certain circumstances).

They belong to everyone, all of the time

They cannot be ‘given’ to us – we have them simply because we are human

They are primarily about the relationship between the government and the people

The basic rights and freedoms that belong to every single person.

Disability and Human Rights

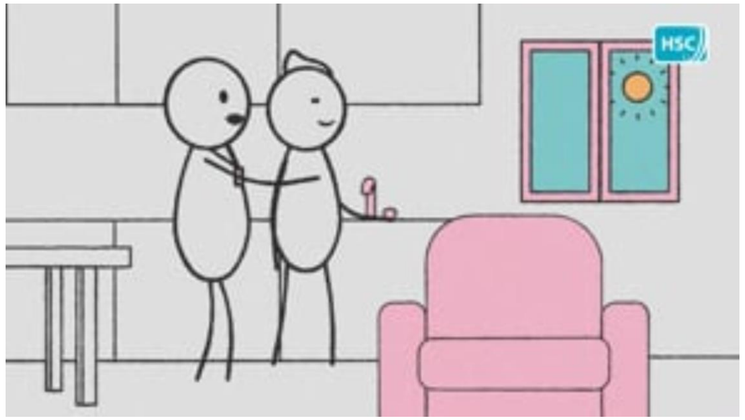
Public authorities must:

Respect – duty to not interfere with our rights

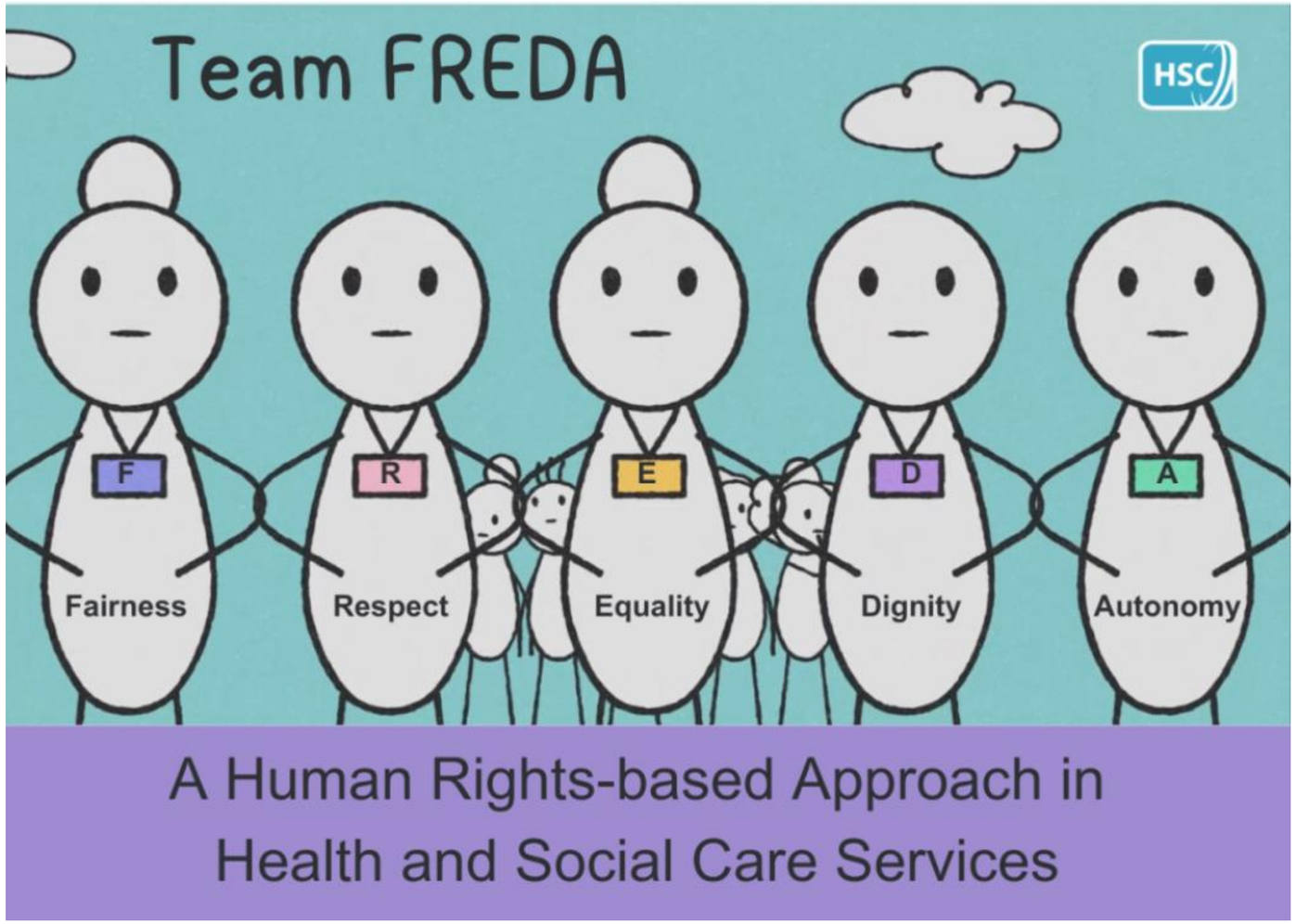
Protect – duty to ensure others do not abuse our rights

Fulfil – duty to take positive action to facilitate better access to our rights

FREDA - The underlying principles of human rights



[HSC, FREDA Animation on Vimeo]

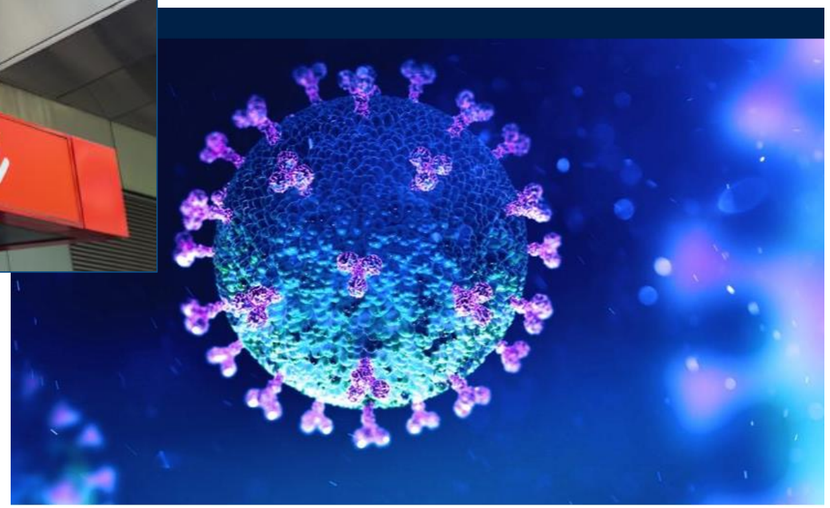


Human Rights Case Studies

- **Inhuman and Degrading Treatment**

- **Dignity and Safety**

- **Right to Liberty**



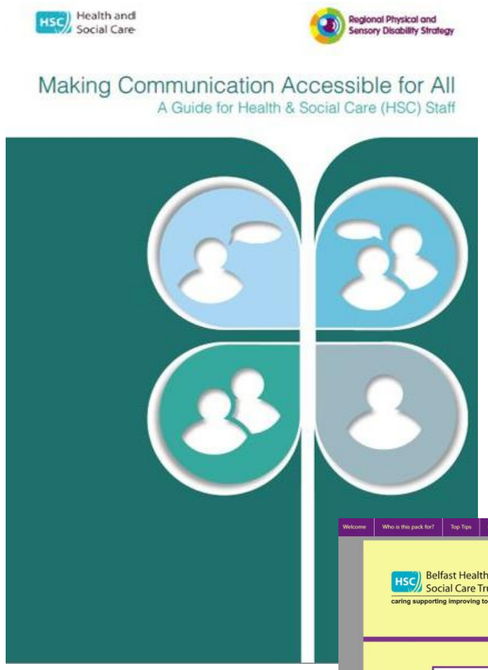
Communication, Language and Information

Always remember!

"The single biggest problem in communication is the illusion that it has taken place."

- George Bernard Shaw

Communication



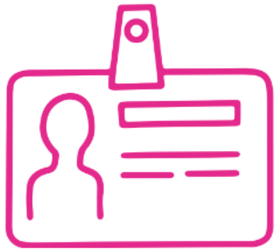
Making-Communication-Accessible

Welcome to Equality, Human Rights and Good Relations

Trust has a moral and legal obligation to provide information to people in an accessible format

People don't have different needs – they have the same need to understand the information they are given

Disability Etiquette



- Wear your name badge

- Give your name while answering the phone

- Communicate directly with the person

- Speak as you normally would - use common expressions as usual

⊗ Avoid	✓ Use
(the) handicapped, (the) disabled	**disabled (people)**
afflicted by, suffers from, victim of	**has [name of condition or impairment]**
confined to a wheelchair, wheelchair-bound	**wheelchair user**
mentally handicapped, mentally defective, retarded, subnormal	**with a learning disability (singular) with learning disabilities (plural)**
cripple, invalid	**disabled person**
spastic	**person with spasticity**
able-bodied	**non-disabled**
mental patient, insane, mad	**person with a mental health condition**
deaf and dumb; deaf mute	**deaf, user of Sign Language (BSL/ ISL), hard of hearing**
the blind	**blind people; blind and partially sighted people**
an epileptic, diabetic, depressive, and so on	**person with epilepsy, diabetes, depression or someone who has epilepsy, diabetes, depression**

Not everyone will agree on everything but there is general agreement on some basic guidelines on what language to avoid and use.

The best thing you can do is **ask** the person what language prefer!

What does Belfast Trust do to ensure equality of access for people with a disability?

Ensure our buildings and services are accessible & proactively try to increase access

Disability Steering Group oversees our Disability Action Plan

Toolkit and training for managers

Training & Resources

Trust Policies

- Managing Disability in the Workplace – Disability Etiquette and Reasonable Adjustment guidelines for managers
- Equality, Diversity & Inclusion policy
- Harmonious Working Environment policy
- Work Life Balance policy
- Special Leave policy
- Conflict, Bullying & Harassment policy

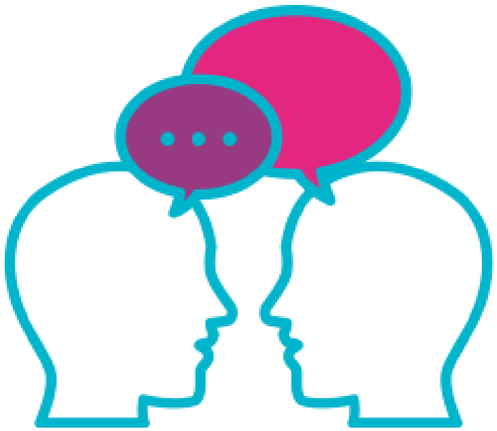
Improving Working Lives Team, Human Resources

RECAP

- Different types of disability, including hidden or invisible
- Disability discrimination is unlawful
- Reasonable adjustments must be made to overcome barriers to access
- Reasonable adjustments often cost little or nothing
- Remember FREDA
- Communication is key

Next steps

What will you do differently after today’s training to put the learning into practice?



If you have any questions about this training, please contact:

Planning & Equality Team

Equality.Team-SM

equality.team@belfasttrust.hscni.net


THANK
YOU!

Working with people who are deaf or are hard of hearing

- Do not make assumptions about a persons ability to communicate
- Not all deaf people use sign language
- Don’t shout – it is impolite, uncomfortable for a person wearing a hearing aid, makes lip reading more difficult
- Check that the person has understood you - in some situations written notes might be helpful
- Pay attention to the person’s facial expressions and gestures and if you don’t understand what is said, ask for it to be repeated

People who are blind or have sight loss

Approach the person from the front and let them know you are there with a light touch on the hand/arm

Identify yourself clearly, introduce who is in the room and ask if they would like to know their placement within the room

When you identify help may be needed, ask how you can assist

When giving assistance, stand by the person with your arm straight

When offering a seat, place the person's hand on the back of the chair to identify where it is

Inform the individual you are approaching a slope/step

Do not leave someone talking to an empty space. Say you want to end a conversation before you move away

If you move something, always put it back in the same place

ASSISTANCE DOG ETIQUETTE

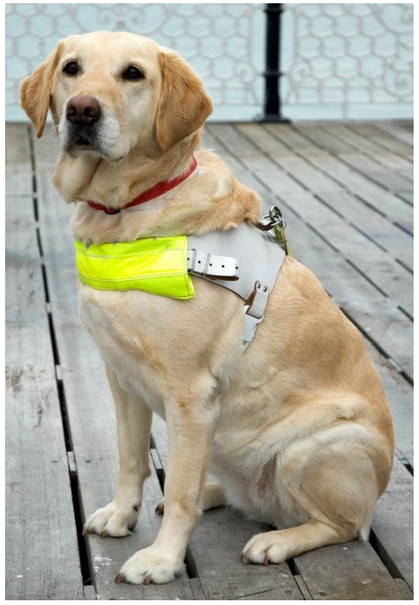
Show respect for assistance dogs and their owners be following this simple etiquette guide

DO

- Speak to the owner first, not the dog
- Allow the dog to work without distraction
- Respect that the dog is working
- Allow the dog to rest undisturbed
- Let the dog owner know if the dog approaches you as this may be unwanted behaviour that needs correcting

DO NOT

- Approach, touch or speak to the dog without the owners permission as this can be a distraction
- Offer the dog food
- Allow other pets to interact with the dog
- Be offended if the owner does not want to answer questions or says no when you ask to pet the dog - they may be in a hurry to get somewhere



Working with people who are deaf and blind

Always introduce yourself, ask if they would like to be guided and , if so, which side they would like you to be on

People like to be guided in many different ways; some like a lot of close contact and others won't

The three most common grips to use when guiding are:

1. Linked arm grip- the deafblind person links their arm through yours

2. Holding elbow grip -the deafblind person holds your arm just above the elbow

3. Hand on shoulder grip- the deafblind person places their hand on your shoulder (don't grab their arm, let them take yours)

Working with people who are deaf and blind

Aim to walk about half a step ahead of them

Walk at the speed of the person you are guiding, not yours. Consider the persons age and whether they have any other disabilities

Point out any step or other potential hazards before you get to them. For steps and kerb's, tell them that you will be going up or down

When you have finished guiding, tell them you are leaving, never just walk away

Think ahead, use common sense!

Working with someone who lip reads

- ✓ Look directly at them and speak slightly slower than normal speed
- ✓ Speak with facial expressions / body language which emphasises the words you use
- ✓ Make sure there is enough light and ensure hands / food / etc. are away from your face
- ✓ If necessary, attract the persons attention with a light touch on their shoulder or a wave of your hand

Using a sign language interpreter

Book an interpreter in advance of the meeting

Talk to the person - not the interpreter

Ensure there is adequate lighting, ensuring the deaf person can see the interpreter's facial expressions / lip patterns

SignVideo App

SignVideo

Wheelchair users / individuals with mobility problems

Do not lean on a person's wheelchair

When talking for more than a few moments, avoid discomfort by sitting also

Do not push the chair unless consent is given

Do not touch or move crutches / walking frames without consent

PEOPLE WITH AUTISM OR SENSORY SENSITIVITIES

An autistic person can find it difficult to filter out the less important information. If there is too much information, it can lead to ‘overload’, where no further information can be processed

Just a minute

Autism communication tips

Say less, say it slowly and don't use too many questions

Use specific key words, repeating and stressing them

Be aware of the environment (noisy/crowded) that you are in

Use less non-verbal communication (eg. eye contact, facial expressions, gestures, body language) when a person is showing signs of anxiety

Don’t forget about visual supports (eg. symbols, timetables, Social Stories™)

Pause between words to give the person time to process what you've said and to give them

PEOPLE WITH AUTISM OR SENSORY SENSITIVITIES

Autism communication tips

Always use the person’s name at the beginning so that they know you are talking to them

Make sure the person are paying attention before you ask a question or give an instruction.

The signs that someone is paying attention will be different for different people

Use their special interest, or the activity they are currently doing, to engage them

Autism communication tips

Keep questions short

Ask only the most necessary questions

Structure your questions, e.g. you could offer options or choice

Be specific.
For example, ask “Did you enjoy your lunch?” and “Did you enjoy maths?” rather than “How was your day?”

People with a learning disability

Written information must be in plain English, utilising symbols where appropriate - Easy Read

Take time to clarify and explain things

Use gestures/facial expressions

If a person wants to show you something, allow them to take you with them

Explain information in a straight forward way, using plain English

If there is a carer present, speak to the individual first and not the carer

Ask the individual if they have understood

Keep distractions/background noise to a minimum

People who have a brain injury

Brain injury is damage to the structure and/or working of the brain. This is caused by a specific event such as a blow to the head, loss of oxygen to the brain, poisoning, infection or other illness. The effects of brain injury can bring many changes to different aspects of a person's life. Each person with a brain injury may present differently and there are many invisible signs of a brain injury including memory and concentration problems, fatigue, insomnia, chronic pain, depression, or anxiety. Brain injury is a hidden disability; most survivors do not have slurred speech or use a wheelchair.

Common traits of a person with a brain injury could include:

- Inability to see others perspective
- Difficulty regulating own behaviour
- Impatient
- Poor self-monitoring
- Memory problems, leading to anxiety if they forget something
- Inflexible in their thinking

Communicating with someone who has a brain injury:

- Make sure to get their attention before you speak
- Speak clearly and in a 'normal tone' of voice
- Respect personal space
- Reduce distractions, (e.g. background noise and away from public domain)
- Allow time for explanation to find out what they need
- Provide reassurance that you are there to assist
- Discuss how you can help and what is going to happen next
- Repeat, reword or rephrase what you say if required
- Treat them with respect